

**FAMILY SYSTEMS APPROACH TO MARRIAGE THERAPY**

**A THESIS**

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## CONTENTS

<b>Acknowledgements.....</b>	iv
<b>List of Abbreviations.....</b>	v
<b>Abstract.....</b>	vi
<b>CHAPTER 1 What Is The Family?.....</b>	1
<b>CHAPTER 2 Biblical and Theological Understanding of Family and Marriage.....</b>	23
<b>CHAPTER 3 Literature Review .....</b>	41
<b>CHAPTER 4 Case Study: The Smiths.....</b>	55
<b>CHAPTER 5 The Smith Family-Individual and Couples Therapy.....</b>	73
<b>Appendix A Smith's Genogram.....</b>	89
<b>References.....</b>	90
<b>Vita.....</b>	99

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## **ABBREVIATIONS**

ADL	Activity of Daily Living
ADHD	Attention Deficit Hyperactivity Disorder
ESV	English Standard Version
NASA	National Aeronautics and Space Administration
NATO	North Atlantic Treaty Organization
PREP	Prepare and Enrichment Assessment

## **ABSTRACT**

A Christian therapist should approach counseling with a well thought out Biblical concept of their understanding of what constitutes a family. In developing this concept, the constructs of meaning, purpose, and structure are helpful to use. The therapist then must decide which approaches are appropriate to use from their philosophical stand point as well as the needs of the family. An integrated approach to therapy is the most useful. In using an integrated approach, the therapist is able to change and adapt their treatment plan as well as the approaches that are used when life changing events happen during the course of the treatment.

# **CHAPTER I**

## **WHAT IS THE FAMILY?**

### **The Need for a Clear Understanding of Family**

For Christian counselors to be able to develop an approach to marriage and family counseling, they must have a clear understanding of family. According to Bidwell and Vander Mey (2000), the family is a recognized component of every known society, but the term “family” can be defined in many different ways. In the United States, there is often confusion about what constitutes a family and a marriage. There is debate about who should be allowed to marry, who can be a family, and who decides what constitutes a family. According to a recent ABC news report, there are three ways to cluster the views of Americans on how family is defined. They are the “exclusionist”, “modernist”, and “inclusionist”. The “exclusionist” view of a “traditional” family is defined as a husband, wife and children. The “modernist” view of family is broader and can be defined as husband and wife with or without kids and a gay couple with kids. The “inclusionist” view has a very broad view of family that can extend to anyone including pets and roommates (Berman & Francis, 2010).

The definition of family often depends on the person or group that is defining the term. For example, because its purpose is to count the number of households and the number of people in each household, the U.S. Bureau of the Census (2010) defines family as “a group of two or more persons related by birth, marriage, or adoption and residing together in a household” (p. 6). By contrast, sociologists such as Bidwell and Vander Mey (2000), define family as “a collection of people, related to each other by

marriage, ancestry, adoption, or affinity, who have a commitment to each other and a unique identity with each other. The adults in the collection have varying degrees of responsibility for young members that might be a part of the collection” (p. 9). Other sociologists such as Anderson, and Guernsey (2009), define family, “By ‘family’ we mean the most basic social structure within which primary and personality-affecting experiences take place with regularity and continuity” (p. 119). Each of these definitions focus on a specific aspect of family, the Census Bureau’s definition is based on living arrangements, Bidwell and Vander Mey focus on the commitment and economics of the individuals, and Anderson and Guernsey focus on the experiences and impact on the individuals in the group. While each of these aspects of the family is important, these definitions do not seem to encompass the totality of family. A Christian counselor needs to have a clear understanding of what a family is before he/she can develop the best approach to therapy. The Christian counselor’s definition of family should understand the various views of family and be informed by a Biblical definition of family.

### **A Biblical Understanding of the Family**

For a Christian therapist, the definition of family is rooted in the theology of family. This theology will be examined more fully in chapter two and presented in summary form here. If we look at family structure alone, scripture does not give a clear definition to what is a family and what is not a family. However, it is clear that marriage and families were created by God (Gen 2:23-24, Ps 127:3, Gen 3:16). In considering how, when, and why God created families, three constructs emerge which define family. These constructs are purpose, meaning and structure.

One of the constructs which can be used to define family is purpose, the purpose of being in relationship. Scripture tells us that human beings are created in the image of God (Gen 1:26, Jer 29:11-12, Ps 139:14-16; unless otherwise indicated, Scripture quotations are taken from the English Standard Version). The image of God has many different components, but one component is that God is in relationship at all times; the Father, Son, and Holy Spirit are in constant, continual communion (Gen 1:26, John 14:26). As the Father, Son, and Holy Spirit are in continual relationship, God created humankind to be in relationship. Humankind was created to be in relationship with God and with each other. When man was created, God said, “It is not good for man to be alone,” so God created woman (Gen 2). The Bible presents a view of family and family functioning that is based in a person’s relationship with God and with his or her family. There is a dependence or interconnectedness in the relationships.

The second construct is meaning; meaning being God’s redemptive purpose. According to Worthington (1989), this redemptive purpose in marriage is a covenantal relationship. This covenantal relationship is designed to be permanent and self-sacrificing, within which each person is being shaped into the person God intends for them to be. This shaping of the person can be expressed as being similar to iron sharpening iron (Prov 27:17). In the process of iron being sharpened the rough spots are shaved off. According to Yarhouse and Sells (2008), God uses families and family relationships to work out his plan of redemption for individuals. Yarhouse and Sells (2008) state, “The emphasis is on how families are engaged to complete God’s redemptive theme with his people, rather than on what families are supposed to look like” (p. 17). Families participate in the redemptive work of God. Families can be assessed in

terms of functioning, relationships, and identity if counselors view families through the lens of reflecting God's redemptive purposes (Yarhouse & Sells, 2008). Meaning also implies function. The function of a family is to give care and support to its members, an instinctive concept of family function that is consistent across cultures (Bidwell & Vander Mey, 2000). Unbelievers and believers alike know that families are to give care and support to each other. When one looks at family relationships, one looks at how family members are expected to relate to one another. Scripture clearly states that parents are to teach their children and children are to honor their parents (Exod 20:12, Deut 5:6, Deut 4:9-10, Deut 11:19, Matt 15:4, Matt 19:19, Eph 6:2).

The last construct is structure. When we look at scripture for examples of what defines a family, there appears to be a degree of variation on the relational structures of families. How a family is defined or structured can vary with circumstances. God created Adam and Eve. Out of the union of Adam and Eve, God created the family. The families in the Old Testament vary in their structure as to who is included in the family and who is not. In looking at Old Testament examples of family such as Noah, Abraham, David, and Ruth, the definition of family seems not to be rooted in who makes up the family but in the commitment and relationship of the individuals (Gen 12, Deut 8, 1 Sam. 20, Ruth 1). While the structure of the family may vary and each structure may present different challenges, the function and process of families remains the same.

Within the structure of the family, biblically there is a hierarchical system. Children are to honor and obey their parents (Eph 6:1-2). Ephesians 5 says that wives are to be submissive to their husbands, and husbands are to love their wives as Christ loved

the church (Eph 5). However, scripture does not seem to point to the structure of the family being the most critical component to the definition of family.

Family cannot be defined narrowly along the lines of biological offspring alone. To do so would result in exclusion of any members of a family that are adopted. It also cannot be defined solely on the presence or absence of children. Doing so would exclude couples who can't or don't want to have children. If a family is defined as a husband and a wife at minimum then the definition excludes mothers or fathers that are raising children alone. The definition of family needs to take into account childless couples, death, adoptions, and divorces. While structure is not the most critical part of defining family, it is an important part. Without the structural component of family then any loose group of individuals could be considered family. Any loose group of individuals can be considered a community but unlike a family a community of individuals does not necessarily have the inherent aspects of commitment and covenant that are contained in a family. This commitment or covenant is expressed in scripture as the mystery that surrounds marriage; the mystery of the two becoming one (Eph 5:12, Gen 1:24). Even if a person is not in contact with his family for decades he or she is still considered to be a part of a family. For this thesis, an assumption is being made that a family is not any loose group of individuals but is a group of individuals with a commitment to each other.

Purpose and meaning of family are the most important components in defining family. It is through purpose of relationship that an individual and a family reflects the relational connection to God. In a person's quest to not be alone, there is a connection to Genesis 2:18 of it not being good for man to be alone. It is through relationship that the family impacts the individual members in develop of their individuality. The meaning

and the purpose of family is worked out through a redemptive process. God uses our relationship in our families to reflect his covenantal commitment to us. The actual structure of the family as far as who the individual members are does not seem to be as important. Scripture gives a many differing configurations of a family. What seems to be important is the commitment of the individuals to the family. In the New Testament, God expanded the definition of family to go behind the household to include the church as a model of family.

A good working definition of family for this thesis would be one from McGoldrick, Gerson, and Petry (2008), “Family is, by our definition, those who are tied together through their common biological, legal, cultural, and emotional history and by their implied future together” (p. 14). In addition to what Goldrick states for this thesis the definition of family include the constructs of purpose, meaning, and structure. To summarize, a definition of family for this thesis is a group of individuals, usually but not always based in a union between husband and wife, that nurture, care and support each other. Older mature members are responsible to provide for and teach the children. The individuals in the family participate in a committed, covenantal relationship to each other as God reveals His redemptive work in their lives through their family interactions.

### **The Role of the Therapist**

All counselors bring a worldview into counseling sessions; Christian counselors are no exception and must have a clearly defined approach to working with couples and families. Since a Christian worldview informs the counselor’s approach to counseling, the approach should operate from the foundation of Christian faith.

A Christian therapist must understand his or her role. The family therapist is to be used as an instrument in helping the family. The therapist can be used by God to bring about change and healing in the family. Wynn (1982) states, “The faith of a minister who is acting as therapist is a key element in this mix. Approaching the family with conviction that God heals and redeems our broken relationships, we believe that our human limitations in skill and insight can be strengthened by power beyond our own” (p. 119).

The therapist begins by joining and accommodating the family. Minuchin (1974) describes this process as joining the family in leadership, mapping the structure of the family, and intervening to transform the family. Wynn (1982) states, “The experienced family therapist enters into the family system, adopting some of their language, observing their rituals, and seeking to understand some of their myths. As in Minuchin’s joining maneuver, the therapist invades the family relationships as a relative, perhaps like a concerned uncle or aunt. In such a position, the therapist begins to model family behavior almost at once” (p. 108). In accommodating themselves to the family, the therapist adjusts himself or herself in order to better understand the family and develop trust. When the therapist joins the family, the therapist joins them where they are. In accommodating, the therapist experiences the family while observing the family dynamics and making deductions.

The Christian therapist must determine which approaches are biblically consistent according to how they view humanity. The therapist must decide which approaches are useful and then develop the treatment plan he or she believes is best based on their

knowledge and experience. A Christian therapist may use secular approaches to marriage and family counseling to give them tools and frameworks within which to operate.

Once the therapist “joins” the family, the therapist can choose among the following approaches.

### **A Systems Approach to Family Therapy**

A family systems approach to therapy is consistent with the working definition of family which is a group of individuals in a committed and covenantal relationship that nurture, care and support each other. Bevcar & Bevcar (1999) state, “The systems perspective would have us see each member of a family in relation to other family members, as each affects and is affected by the other persons” (p. 6). This definition of family acknowledges the interconnectedness of the individuals and is consistent with a biblical understanding of the meaning, purpose, and structure of family. At the heart of a systems approach is the understanding that all individuals in a family are connected to, and impacted by, the others in the family. In systems theory, the whole, or the system, is the family. The system is comprised of subsystems which can be are individual persons, dyads, and triads. In a systems approach to family therapy, the individual is seen in light of the whole. Using a systems perspective on marriage and family helps to keep the therapist from looking at individuals out of context and in isolation, for a family is greater than the sum of its parts or individuals (Schultz, 1984). If a marriage and family counselor uses a systems approach to the situation then the understanding and focus is on the broader system not just the individual players in the system. A mechanistic perspective would be one that focuses on the individual to explain the system. The systems perspective is different than the mechanistic perspective. Although both

perspectives are attended to, Schultz (1984) states, “the relationship between mechanistic (part explains whole) and systemic (whole explains part) understanding is complementary rather than contradictory” (p. 54).

Using a systems approach to marriage and family counseling, the counselor must see the individual in the marriage and family in light of the whole family. This is similar to how Paul describes the body of Christ in 1 Corinthians 12. Because of humankind being created in relationship with God and with other people, there is an interconnectedness to others that is present at all times. Inherent in this interconnectedness is a sense that the actions of individuals impact the whole (family) and the actions of the whole (family) impact the individual.

Sometimes the interconnectedness results in conflict within the family. This conflict can result in anxiety to the family members. A way some families reduce the anxiety in the family system is to recreate “emotional triangles” that lower the anxiety that is formed when individuals have conflict (Nichols, 2009). The subsystems of the family (e.g. dyads, and triads) interact with each other at all times. This interaction is similar to the process of a feedback loop that is utilized in the systems theory.

In systems theory, the therapist also has to consider everything outside the system, or in the environment. Systems theory uses concepts of cybernetics which has to do with how systems are regulated or how they stay the same or change (Becvar & Becvar, 1982). In cybernetics, the part and whole are linked by a loop or a circuit. When a person manifests a certain behavior it affects the whole. This is called the feed forward part of the loop. The whole or family then reacts. This is called the feedback part of the loop. The feedback can be reducing or amplifying in systems (Becvar & Becvar, 1982).

Schultz (1984) states, “Deviation-reducing feedback is a model for how things stay the same in systems. Deviation-amplifying feedback is a model for continuous change in systems” (p. 63).

When thinking in terms of cybernetics the therapist must change how family members think of causality. Causal models are usually linear: action x causes y but y does not lead to x. In a circular or mutual causal process, action x leads to y and y leads to x in a circular way. Schultz (1984) states, “From the systemic point of view, the current functioning of the system is maintaining the dysfunctional behavior, so it is the current behavior patterns that need changing” (p. 70). Thus from this point of view, the therapist is concerned not with learning the family history but only with the current behavior. “For family systems therapists, the work of therapy is to produce change in behavior. Insight or understanding by family members is not seen as necessary for change to occur” (Schultz, 1984, p. 73). A family systems therapist believes change happens first, and then understanding follows. Emotion in family systems therapy is a by-product of action, not the driving force of behavior.

When taking a family systems approach a therapist will usually involve as many members of the family as possible in the initial sessions. After the initial session the therapist will decide who to include in subsequent sessions. The therapist makes the decision on who to include by observing the dynamics of the family and who are the key players in the family. It is because of the understanding of the interconnectedness of family members and how they are involved in God’s redemptive process in each other’s lives, that the therapist includes as many of the members of the family as necessary.

## **Structural Family Therapy**

The use of structural family therapy as a model of therapy is consistent with viewing the family as a system. According to Minuchin (1974), “The theory of family therapy is predicated on the fact that man is not an isolate. He is an acting and reacting member of social groups” (p. 5). Minuchin (1974) defines a fully functioning family as one where the structure of the family is an open sociocultural system, the family undergoes development, and the family adapts to changed circumstances to maintain continuity and enhance the psychosocial growth of the individuals. Yarhouse and Sells (2008) state, “Decisions are made to accommodate ongoing changes in needs, interests, and desires by all of the family members simultaneously. Such decisions involve the negotiation between all the members for the application of the family’s resources of time, attention, energy, behavior, and emotion” (p. 127). The family operates through transactional patterns that regulate each family member’s behavior. According to Minuchin, these patterns are maintained by rules that govern the family organization, such as the power hierarchy and mutual expectations of family members.

Like systems theory, structural family therapy examines the subsystems within the family. Boundaries are rules that define who participates in the subsystems and how. Minuchin (1974) believes that boundaries have to be clear in order for a family to function properly. According to Schultz (1984), “A boundary exists in a social system if some persons in the system perform a particular behavior which others in the social system do not perform” (p. 78). A boundary is important in separating a subsystem from the whole system. Boundaries create order or “structure” in the system. In structural family therapy, the generational boundary is one of the most important boundaries. The

structural model is a hierarchical model; parents and children are in separate subsystems with parents in charge. Boundaries can be too strong, which can lead to the system being disengaged, or too weak, which lead to enmeshment.

Within families, alignments and coalitions are formed. Triangulation is one form of alignment and coalition building. Family members use triangulation to obtain power over the family or individuals in the family. In the family context, power refers to who makes the decisions for the family. In dysfunctional families, the individuals have little control over the decisions that affect them. Instead, power within the family resides with a few of the members (Yarhouse & Sells, 2008).

In structural family therapy, the therapist tries to move a family away from the patterns of interacting that are not working to new patterns of behavior and interactions. The goals of structural family therapy are to create an effective hierarchy with parents in charge, for parents to have a coalition, for the sibling subsystem to be a system of peers, and to create a spousal subsystem distinct from the parental subsystem.

### **Integrating a Biblical Approach to Therapy**

Though the systems approach is an elegant explanatory theory, people are complex individuals. One theory may not be sufficient to explain all the dynamics involved. This complexity is reflected in the make-up of the individuals. Individuals within a system are comprised of mind, body, and soul. 1 Thessalonians 5:23 states, “Now may the God of peace Himself sanctify you entirely; and may your spirit and soul and body be preserved complete, without blame at the coming of our Lord Jesus Christ”. A person is made up of the body which is material and the soul which is immaterial (Jones & Butman, 1991). Within this bipartite view, there is a complexity to man. The

body is comprised of the physical body as well as the mind or heart that encompasses person's thoughts as well as motivations (Jones & Butman, 1991). Scripture uses several different words to describe the complexity of humans such as mind, body, heart, spirit and soul; components interconnect and interact (Deut 11:18, 1 Sam 14:7, 1 Chr 28:9, Job 38:36, Jer 17:10, Matt 22: 37, Mark 12:30, Luke 10:27, 2 Cor 12:2). In discussing the difference in spirit and soul, McDonald (1984) states,

“However used, both terms refer to man’s inner nature over against flesh or body, which refers to the outer aspect of man as existing in space and time. In reference, then to man’s psychical nature, “spirit” denotes life as having its origin in God and “soul” denotes that same life as constituted in man. Spirit is the inner depth of man’s being, the higher aspect of his personality. Soul expresses man’s own special and distinctive individuality. The *pneuma* is man’s nonmaterial nature looking Godward; the *psyche* is that same nature of man looking earthward and touching the things of sense” (p. 423) .

Each individual has their psychological, physical, and spiritual components. This complexity is reflected in the make- up of the individuals which includes their own life experiences and their own mental health. This concept is reflected in a statement by Olson and Defrain (1994), “We all carry parts of our families-both their strengths and their weaknesses-into our adult lives and marriages” (p. 65). Our families of origin influence the way people approach family relationships. Also, a mental illness affects the family as well as the individual. Torrey (2001) states, “The family is frequently asked to act as the ill person’s case manager, psychotherapist, nurse, landlord, cook, janitor, banker, disciplinarian and best friend” (p. 331). An integrated approach to therapy would incorporate a systems framework recognizing the importance of family but also that

individuals are made up of their personal stories, and these stories are brought into the family.

When working from this perspective, the counselor then must decide what conceptual framework to use. According to Nichols & Swartz (2006), most family therapists use an integrated model today. One can make a strong case for using an approach that integrates several different models of how to counsel individuals and families. Using an integrated approach enables the counselor to take into consideration the different circumstances and histories that are represented in the family. For example, Conners (2001) reports using an integrated approach when working with clients dealing with symptomatic disorders such as substance abuse, eating disorders, depression and anxiety. Fish and Jain (1988) used a combined approach of systems theory and structural family therapy in working with children's problem behaviors at school. Melito (2006) developed an integrative model of therapy using a structural-developmental approach to therapy when working with individuals and families. Melito (2006) found that the integration of the two approaches provided more flexibility and options in therapy when dealing with changing and challenging circumstances.

When couples and families are in therapy, the situation the couple or family is dealing with may change and the approach to counseling must change to fit the need. Part of developing an integrated approach to therapy is deciding when to change or shift from one approach to another. In the case study that will be presented in chapter four, the family went from dealing with unemployment of the father to issues around the care of a stroke victim.

Structural family therapy adheres to the idea of the family being a hierarchical group with clear roles and norms (Minuchin, 1974). While the systems theory provides a holistic approach to therapy there are also other approaches that are used. Even though individuals are part of a system, physical and emotional illness that affect the individual also affect the marriage and family (Lam & Donaldson, 2005; Berge, Patterson, & Reuter, 2006). It is because of this interaction that individual therapeutic approaches are useful as well.

When the therapist views the family through the lens of family systems theory and structural family therapy, comprised of individuals created in the image of God made up of mind, body and soul, then other models of therapy also can be integrated into the therapy model. Other approaches that the therapist can utilize are a cognitive-behavioral approach, emotion-focused therapy, and solution-focused therapy. When an integrated model is used, then the other approaches can make up for any weakness that a one model approach would bring.

### **Cognitive-Behavioral Therapy**

In cognitive-behavioral therapy, the premise is that how a person thinks affects how he or she behaves or feels, a concept which has support in Scripture. God, in Proverbs 23:7 states, “For as a person thinks, so he is”. With cognitive-behavioral therapy, the therapist tries to help the person understand the schema under which they operate. Beck (1995) states, “The cognitive model proposes that distorted or dysfunctional thinking (which influences the patient’s mood and behavior) is common to all psychological disturbances” (p. 1). Cognitive theory deals with how people process their situation and circumstances. This type of therapy does not depend heavily on past

situations or circumstances but on the present. The therapist recognizes that the past may influence the present, but tries to help the client understand what thoughts are driving the current behaviors. Corcoran (2005) says, “The past is important for discovering the origins of a client’s thinking patterns, but it is the present thinking that motivates behavior” (p. 45). Corsini and Wedding (2005) state, “There are certain specific attitudes or core beliefs that predispose people under the influence of certain life situations to interpret their experiences in a biased way” (p. 264). It is these beliefs that form the foundation for cognitive-behavior theory. To oversimplify the theory, a person can learn to understand his or her attitudes and core beliefs about a situation, and then the person can change how he or she reacts to the situation.

The cognitive-behavioral approach to marriage counseling focuses on the couple’s cognitions about their interactions and how they respond to each other. In writing about marital distress, Gottman (1999) states, “By simply reminding yourself of your spouse’s positive qualities—even as you grapple with each other’s flaws—you can prevent a happy marriage from deteriorating” (p. 65). Marriages can be rekindled by husbands and wives focusing on positive feelings they have had about each other by thinking about and talking about those feelings (Gottman, 1999). This technique teaches couples skills in communication and conflict resolution. In developing an approach to marriage and family counseling, adding a cognitive-behavioral piece would help therapists help couples who lack the skills needed to effectively communicate and negotiate with their spouse.

A cognitive behavioral approach also focuses on behavior change. Padesky and Greenberger (1995) state, “Changes in our behavior influence how we think and also how

we feel (both physically and emotionally). Behavior changes can also change our environment. Likewise, changes in our thinking affect our behavior, mood, physical reactions, and can lead to changes in our social environment" (p. 4).

One other cognitive behavioral tool a therapist can use is the speaker-listener technique. The speaker-listener technique was developed by Prevention and Relationship Enhancement Program (PREP) (Olson & DeFrain, 1994). The speaker listener technique helps couples slow down their communication pattern and listen to each other better.

Although a focus on cognition and behavior is helpful, there are circumstances where individuals have turned off their emotional response and are unaware of their emotions. Some individuals are not aware of how their emotional response affects their thoughts and behaviors. Atkinson (2005) writes, "We tend to assume our reactions in any given situation are based on a more or less rational assessment of the merits of the particular situation. But our reactions are just as likely to be influenced by the instantaneous, automatically activated, emotionally based reactions that bias our thinking processes in certain directions" ( p. 28).

### **Emotional Intelligence and Emotion-Focused Therapy**

Emotion-focused therapy and emotional intelligence are complementary approaches within couple's therapy. Emotional intelligence is defined as knowing and managing one's emotions, motivating one's self, recognizing emotions in others, and using these abilities skillfully in relationships (Atkinson, 2005). Emotional intelligence therapy is designed to help couples become aware when they have experienced "neural hijacking" which is believed to originate in the amygdala (Atkinson, 2005). This distress response signals to the body that there is danger, which triggers a host of physiological

responses. It is these physiological responses that a person responds to in situations before they have time to process rationally what is happening. According to Atkinson (2005), “The hair-trigger defense system of the emotional brain is such that for many couples, learning to regulate brain states is all but impossible in each other’s presence; nobody can calm down long enough to do the kind of quiet, deeply focused work that is necessary to allow an emotional system to shift” ( p. 34). He recommends working independently with each partner to help them become aware of their internal defense systems. He also has recognized seven defense systems of what he calls “executive operating systems”: rage, fear, seeking, lust, care, panic, and play (Atkinson, 2005, p. 20).

Emotion-focused therapy developed by Johnson (2004) and Greenberg (2002), builds on Atkinson’s emotional intelligence, adding that emotion-focused therapy is based on attachment theory in adults. The tenets of attachment theory are that attachment is an innate motivating force, secure attachment complements autonomy, and attachment offers an essential safe haven (Johnson, 2004).

According to Johnson (2004), “The two basic strategies when dealing with a lack of safe emotional engagement are anxious preoccupied clinging and detached avoidance [which] can develop into habitual styles of engagement with intimate others” ( p. 28). Johnson uses an approach to counseling in which she stresses the couple’s emotions that are guided by their underlying needs and desires; one of the needs being the need for attachment.

In emotion-focused therapy and emotional intelligence therapy, there is an assumption that as couples begin to let down their defenses, a softening happens and they

are able to respond to each other with care. Using emotion-focused therapy with couples allows them to develop a deeper sense of trust that is rooted in emotional honesty and concern. Greenberg (2002), in working with a couple in distress, noted, “Using emotion focused therapy enabled the couple to see each partner’s need for connection and for autonomy. As a couple, they handled this interaction skillfully and sensitively, and they came through feeling closer. Others could have gone spiraling out of control. The conversation could have escalated into cycles of attack and withdraw, or attack and counter-attack, and the inevitable efforts to defend” (p. 33).

### **Solution-Focused Therapy**

In solution-focused therapy, the therapist helps the individuals focus on the solutions instead of the problems. According to O’Connell (2005), the characteristics of solution focused therapy are that the individuals become aware of when exceptions exist to the problem, utilize their personal and social resources, imagine their preferred future, and take small steps forward (p. 7). The individuals are asked to focus on what is changeable and attainable. One of the assumptions that is a part of this approach is that problems are a part of life and reframing or changing the language a person uses in describing the problem can help change how the problem is seen (O’Connell, 2005). Individuals are asked to imagine what is changeable and what life would be like if circumstances were changed.

The magic wand is a technique used in solution focused therapy. The client is asked to imagine that they have a magic wand. The therapist asks them to pretend they went to bed that night and waved their magic wand and to imagine how would they know things have changed; what would be different. The other technique used in solution-

focused therapy is calling “scaling”. In scaling, the therapist asks persons to rate the current situation from a scale of one to ten, ten being the best the situation could be and one being the worse it has been. Scaling can help the person set goals, measure progress, and establish priorities (O’Connell, 2005). O’Connell (2005) states, “Practitioners have creatively adapted solution-focused ideas and practices to fit the needs of different client groups” (p. 131). This approach can help couples and families clarify the situations with which they are dealing and have small early successes in finding solutions that work.

### **Assessment Tools in Therapy**

In developing a marital counseling approach, there is benefit in using an assessment tool to objectively identify the areas in which a couple struggles. The Prepare and Enrich assessment (Olson & DeFrain, 1994) which has two components is an effective tool. One component is an online couple assessment that comes with feedback and a workbook that teaches relationship skills. Prepare and Enrich tailors itself to the unique stage and structure of each couple’s relationship, as well as their cultural context. This assessment helps the counselor identify the couple’s strengths and potential growth areas. Using this tool in the beginning of the assessment process is of great value.

### **Developing An Integrated Model**

In developing a model for marriage counseling, this writer would first use the Prepare and Enrich assessment, and then a combination of a cognitive-behavioral approach and emotion focused therapy. The therapist first helps the couple identify the emotions that are experienced when they are dealing with their issues. The emotions can develop naturally when a couple explains or role plays an episode of their conflict. While emotions develop, the counselor can lead each spouse to touch on the emotions he or she

feels and then the needs and desires that underlie the emotions. The cognitive-behavioral component develops when the emotions are examined; then the couple can reflect on what they were thinking during that time. The cognitive piece would lead to having couples understand their dysfunctional thought processes and the underlying assumptions in that process. Communication skills such as the speaker-listener technique can be utilized to help the couple improve their ability to listen to each other.

A systems perspective of the family interactions helps the therapist to understand the family dynamics. As work is done with the couple, the family structure and relationships change. In working with the family, the family dynamics and structure is noted to understand where the power in the family lies and how the family handles anxiety in their relationships. Alliances are observed and how the family is organized around them. The therapist is continually working to understand the individuals as well as the couple and family dynamics as he or she develops the treatment plan for therapy.

### **Summary**

A family can be defined as a group of individuals, usually based in a union between husband and wife that nurture, care and support each other. Older mature members are responsible to provide for and teach the children. The individuals in the family participate in a committed, covenantal relationship to each other as God reveals His redemptive work in their lives through their family. This relationship can be understood in the constructs of structure, meaning and propose. As individuals live in relationship with each other as family, issues and problems can arise that need the help of a therapist to resolve. Theories such as family systems and structural family therapy can be helpful in deciding how to conceptualize working with families using an integrated

model of therapy. In addition, cognitive-behavioral, solution focused and emotion focused therapies are used. In addition to theories, a therapist can utilize an assessment tool like Prepare and Enrich which enables the therapist to gather data objectively from the couple and gain a better understanding of the dynamics between the couple.

In the case study in chapter four, these types of therapy will be utilized in the three-year study. At times the approach used was dictated by the circumstances in which the family found itself.

To assist in understanding the case study and family therapy in general, a biblical and theological view of the family will be discussed in chapter two.

## **CHAPTER 2**

### **BLICAL AND THEOLOGICAL UNDERSTANDING OF**

### **FAMILY AND MARRIAGE**

A Biblical understanding of family can be viewed through the constructs of meaning, purpose, and structure. When investigating these concepts one must begin at creation, because that is where marriage and family began. Both marriage and family are institutions that were established by God.

#### **The Beginnings of Humanity, Marriage, and Family**

The Scriptures that give an understanding into why God created humankind, marriage, and family are Genesis 1:26-27 and Genesis 2:18; Genesis 2:22, 24; and Genesis 1:28. Each of these will be discussed.

#### **Genesis 1:26-27: Created in the Image of God**

Then God said, “Let us make man in our image, after our likeness. And let them have dominion over the fish of the sea and over the birds of the heavens and over the livestock and over all the earth and over every creeping thing that creeps on the earth.” So God created man in his own image, in the image of God he created him; male and female he created them (Gen 1:26-27).

Many theologians throughout the years have debated who the “us” is referring to in verse 26. Some theologians believe the us refers to the angelic host, others that it is a plural deliberation (Westermann, 1987). The reformers believed that the “us” referred to the trinity, God the Father, God the Son, and God the Holy Spirit (Calvin, 1999; Hamilton, 1990; Matthews, 1996). In understanding Genesis 1:26 through the perspective of the trinity, God indicates the trinitarian aspect of himself when he

describes himself in the plural. Part of the design of God is for humankind to reflect the design of the Trinity. Within the Trinity, the Father, Son, and Holy Spirit are in constant relationship. When God created man and woman, he then puts them in relationship with each other. In marriage, a trinitarian relationship exists between the husband, the wife, and God. The family unit also reflects the relationship component of the Trinity, as does the church community. In Ephesians 2:19, Paul states that believers are now part of the family of God. The concept and understanding of family are expanded to include the church.

In Genesis 1:27, the narrative reads, “So God created man in his own image, in the image of God he created him; male and female he created them.” Scripture states that humankind was created in the image of God, and only humans have the spirit of God breathed into them (Gen 1:27; 2:7). Theologians through the years have debated what being created in the image of God means. The image of God could mean that humankind has a conscience, a soul, original righteousness, reason, the capacity for fellowship with God, place before God, personality, knowledge, feelings, and will (Boice, 1998; Hamilton, 1990; Matthews, 1996; Waltke, 2001). Since only humankind was made in the image of God, it is logical to think that humankind is in some way different from the rest of creation. According to Hodge (1992), “Man’s likeness to God included his intellectual and moral nature” (p. 262). Humans are able to use reason and logic in their decision-making process. People also have emotions, have morals, and have the ability to choose right from wrong. Humankind as a whole seems to have a drive for searching, seeking to understand, and to be in relationship. It is in this image of God that people seem to be in some way like God and are able to represent God (Grudem, 2002).

In being created in the image of God, man and woman are given equal standing before God. In the text of Genesis 1:27, there is no distinction between man and woman in relation to their image; each is created in the image of God. No greater or lesser importance is given to one over the other. In Galatians 1:28, Paul states there is neither Jew nor Greek, slave nor free, male nor female. This sense of equality and value is restated in Ephesians 5:21, where Paul writes, “Be subject to one another.” In both passages, there is a sense of God’s plan and purpose for each individual; no distinction in value is made between male and female.

Although man and woman are equal in being created in the image of God, there appears to be a distinction between male and female in their functions or roles. Genesis 1:27 suggests a distinctive beyond the physical, biological difference between male and female. In *Biblical Foundations for Manhood and Womanhood*, Grudem (2002) states,

While man is fully human, male is also male, not female; and while female is fully human, female is also female, not male. That is while God did intend to create male and female as equal in their essential nature as human, He also intended to make them different expressions of that essential nature, as male and female reflect different ways, as it were of being human ( p. 81).

There is a sense of order to how God worked in creation. How God went about creating the world gives a sense of a systematic approach. He created the heavens and the earth, then day and night, land and sea, vegetation, stars, sun and moon, fish and the birds, animals, man. God used an order in the process. There is a sense of order in how he created man and woman as well. This sense of order could point to structure or hierarchy in terms of roles for male and female. Just as a building is constructed in an

intentional and sequential way so creation was as well. The *structure* indicates an intention in the design. Structure gives organization and focus. This structure in the roles of man and woman is sometimes explicitly stated and at other times is implicit in the text. God created man (Adam) first. Adam was created from the dust of the earth by God. Woman (Eve) was created second, from the rib of Adam rather than from the dust of the earth. There is in this order of creation a sense of distinction in how God chose to create man and woman.

This difference does not reflect a difference in value or equality, because God has clearly established that both are equal by being created in his image. So what does the difference in how man and woman were created indicate? In 1 Corinthians 11:9, Paul writes that man was not created for woman but woman for man and that woman was made from man. The distinction in who was created first and how man and woman were created was present before the Fall, so it was not a result of the Fall. This difference in the creation of man and woman seems to be reflected in the different roles which man and woman play in the context of marriage.

### **Genesis 2:18: God's Intended Order for Marriage and Family**

In Genesis 2:18, God says he will make a helper for Adam. This is another indication of the order or structure that God intended for marriage. Eve was created to be a helper for Adam; Adam was not created to be a helper to Eve. The Hebrew word for “helper” (“*ezer*”), which means “one who supplies strength in an area that is lacking in the one who is helped” (Grudem, 2002), gives insight into the role and function of spouses. God also says that he will make for Adam a helper who is fit for him (Gen 2:18). The word “fit” would signify that woman is a match or in some way complements Adam.

This implies that Eve is not a clone of Adam but that man and woman complement each other.

The word *helper* can have different meanings in different contexts. A person can be equal in a helping role, such as helping someone to move a couch, or a person can be in a subservient position, such as an apprentice. In this context, the person who is helping is not the one who is leading (Grudem, 2002). This seems to reflect God's intent for the order or structure of the relationship between man and woman.

The order that God gives in the creation account lends itself to the concept of male headship in the family. In the New Testament, male headship is reaffirmed by Paul in 1 Corinthians 11:3, when he states, "Now I want you to realize that the head of every man is Christ, and the head of woman is man, and the head of Christ is God." Paul reiterates this in Ephesians 5:23 when he says the husband is the head of the wife.

The headship of man over woman after the Fall has been misconstrued. Headship does not entail abuse or excessive power of one over another. Abusiveness is a product of the Fall and the sinfulness of humankind; it leads to abuse in marriage. Scripture says that this headship is to reflect the relationship of Christ and the church. It is a headship of mutual submission to another, just as Christ gave his life for the church.

### **Genesis 2:22, 24: Created to Be in Relationship**

"And the rib that the Lord God had taken from the man he made into a woman and brought her to the man.... Therefore a man shall leave his father and his mother and hold fast to his wife, and they shall become one flesh" (Gen 2:22, 24).

In Genesis 2, God states it is not good for man to be alone. To remedy this state of aloneness, God creates Eve. This action leads readers to understand that part of the

essence of marriage is companionship (Adams, 1980). In this aspect of creation there lies a sense of function and purpose. When God says that it is not good for Adam to be alone, this observation seems to indicate that woman brings attributes and gifts into the relationship that complement or complete what the man lacks. What Eve brings into the relationship with Adam is distinctive to Eve. The animals in the garden could not fill Adam's loneliness nor could being in relationship with God. What Eve brought into the relationship with Adam only Eve could fill. In these verses, God reveals several foundational concepts about marriage and family, one of those concepts being that man and woman are made for relationship.

Relationship has a vertical dimension (relationship with God) and a horizontal dimension (relationship with other people). In Genesis 2:23, Adam recognizes Eve as being like him; he states that Eve is "bone of my bone and flesh of my flesh." There is a sense of commonality and likeness which provides the basis for relationship.

In the beginning, the relationship of husband and wife is one of total openness. Adam and Eve are naked and not ashamed (Gen 2:25). This concept of naked and not ashamed has a literal meaning but also a symbolic meaning. This openness and lack of shame are greater than just physical nakedness. There is a sense of authenticity between Adam and Eve because the relationship is one that is safe and accepting.

However, after the Fall, Adam and Eve are ashamed and hide from God (Gen 3:8). There is a rupture of relationship that becomes evident in their relationship with God and with each other. Instead of being unified, Adam and Eve become divided and self-protective. With self-protectiveness comes self-centeredness in that Adam and Eve began to act in a way that is in their own best interest, not in the interest of the other. The

sense of safeness in the relationship is shattered. This becomes apparent when Adam blames both God and Eve for his sin.

After the Fall, man and woman experienced a relational condition that was troubling, disturbing, and problematic. According to Grudem (2002), people were faced with the dilemma of what to do with their loneliness and shame. It is difficult to know what the relationship between man and woman was to look like before the Fall because not much detail is given in the text.

In Genesis 2:24, God further explains how marriage is to work: the man and the woman will come from two different families of origin, and the two individuals will become one flesh. Later, in Ephesians 5:32, Paul describes this union in marriage to be a great mystery. This mystery of marriage is how the two become one. God establishes that the two individuals become one before the Fall occurs. In God's mathematical calculations, it is possible for two individuals to become one, just as it is possible for three persons to be one in the Trinity. In marriage, as in the Trinity, each individual is unique and different from the other but at the same time is one with the other. In marriage, neither partner gives up any of the self to become one with another. One plus one equals one.

The concept of two becoming one is more than just the physical act of sexual union. There is a sense that sexual union is about the giving of oneself to another. It is about commitment to another. This commitment or giving of self to another is what Anderson and Guernsey (2009) describe by the term *affect* in marriage. They state, "When bonding occurs between human persons, even at the earliest and most primitive levels, an irrevocable deposit of affect occurs. It cannot be denied" (p. 47).

It is important to understand the meaning of leaving and cleaving (Gen 2:24; Eph 5:31). Matthews (1996) states, “The significance of the language “leave” is that marriage involves a new pledge to a spouse in which former familial commitments are superseded. Marriage requires a new priority by the marital partners where obligations to one’s spouse supplant a person’s parental loyalties” (p. 223). When a man and woman marry they leave their families of origin on multiple levels. They are to leave physically, emotionally, and financially. There becomes an alliance/loyalty between the man and woman that is to be greater than that with their families of origin. The couple establishes their own home and family.

Fuchs (1983) speaks of the otherness that occurs in marriage. “Otherness of the other is based on the ultimate others of the Word [i.e., is rooted in God]. Because of this man and woman can live together, can become ‘one flesh’ without absorbing each other, destroying each other; de-valuing each other, or victimizing each other” (p. 47). If an individual has a sense of this oneness, of who God is, of God’s love and grace and what he has done for humankind, then there is no place for domestic violence or abuse in marriage. Instead, there is a sense of transformation and completion that is symbolized in the sexual union. Christian author and Pastor Tim Keller (2009) speaks of two becoming one in terms of maturing through time. He describes how, over time, husbands and wives begin to know how the other will respond and feel about events and circumstances without having to ask.

At the time of the Fall, Adam failed to protect, lead, intercede, and speak up when Eve was being deceived. Eve failed to follow, submit, respond to, or seek Adam’s input. These patterns continue in marriage today. Often one of the greatest struggles in a

marriage is the husband's attempts to lead and the wife's attempt to trust, follow, and respond. Humans were created in a state of dignity, but after the Fall they were in a state of depravity. After the Fall, God's original design was warped by sin, and God cursed the ground, and the serpent. All of the curses involved a rupture in relationships, including their relationship with God.

For Adam, the curse caused a rupture in the relationship between him and the ground from which he was made. Work was instituted by God prior to the Fall, so the curse was not that Adam would have to work. Instead, the curse involved Adam's ability to work and provide for his family. Prior to the Fall, Adam was able to work the ground and provide without hardship and pain. Christian psychologist Bill Clark (2002) has described this curse to be reflected in man's sense of competency and adequacy. In Adam's work, he would find hardship. Dr. Clark believes that men in their core have a need to feel adequate and competent. This is reflected in a husband's need of respect from their wives. He states that the curse is reflected in Paul's command that wives respect their husbands (Eph 5). In a seminar on pastoral counseling, Clark stated that since the Fall, man has struggled not to live in a place of depravity which would be reflected in a sense of inadequacy in providing for his family. For Eve, the curse affected her relationship with her husband and her children. Clark states that for women, the curse involves their struggle not to live in a place of depravity which would manifest itself in a sense of fear and lack of control. Husbands and wives were created to live in a place of dignity which was reflected before the Fall. He believes that in many marriages, husbands and wives struggle to live in a place of dignity and not depravity.

This struggle in relationship has been described by Eggerichs (2004) in terms of love and respect. Eggerichs uses Ephesians 5:22-23 and 1 Peter 3:2 as key scriptural references. In both passages, men are instructed to love their wives, and women are instructed to respect their husbands. Eggerichs (2004) states that marital issues often revolve around wives feeling loved and husbands feeling respected. The sense of inadequacy and the struggle for emotional connection or intimacy (Clark, 2002) appear to be the same concepts as Eggerich's descriptions of respect and love. When husbands do not feel respected, they feel inadequate, and when wives do not feel loved, they do not feel emotionally connected.

God's curse on the ground impacted Adam in that it caused work to become hard for him. For woman, the pain in childbirth and the desiring of her husband impacted her relationships with her family. The way in which the curse impacts Adam and Eve seems to reflect the differences between them. If there were no differences between Adam and Eve, it would seem that the curse would have the same impact on them, but that is not the case. It is in the differences between Adam and Eve that their roles or functions are seen. For Adam, there seems to be an indication of his role as the main provider and protector of his family. For Eve, the role is one of nurturer and is relationship-focused.

With Christ, man and woman can live in a state of redemption and should then live in a state of dignity. In this place of redemption, there is structure and function in relationships, but those relationships are lived out in a way that is to reflect the original design. Paul gives insight into what this looks like in 1 Corinthians 7:4, when he states that the partners in marriage do not have the authority over their own bodies but the other does. There is a sense of mutual submission and care given to each other.

In the New Testament, the relationship of husband and wife is compared with that of Christ and the church. Ephesians 5:25 states, “Husbands, love your wives, as Christ loved the church and gave himself up for her”. There is a pattern in the New Testament of linking the marriage relationship to the relationship Christ has with the church (Rev 21:9, Eph 5: 25-33, I Cor 6: 16-17, Rev 22:17). This pattern is one of mutual submission of husbands and wives to each other. Believers are new creations in Christ, and as new creations their marriage relationship should reflect the relationship of Christ and the church (see Eph 5-6).

### **Genesis 1:28: Created to Be Fruitful**

And God blessed them. And God said to them, “Be fruitful and multiply and fill the earth and subdue it and have dominion over the fish of the sea and over the birds of the heavens and over every living creature that moves on the earth” (Gen 1:28).

In making Adam and Eve and putting them together in the garden, God established the beginning of the first family. God gives the ideal of family in Genesis 1:28 and Genesis 2:24. In these texts, God states that the two are to be one and are to be fruitful and multiply. However, after the Fall, the ideal family unit has been disrupted. With the introduction of sin, humankind has struggled to live as God originally designed. Because of the Fall there is great variation in the composition of a family.

This variation is reflected in scripture. In the Old and New Testaments, families play a prominent role; God’s narrative is told through the families of Noah, Abraham, Moses, Ruth, and David to name a few. The examples in the Old Testament reflect families that are more inclusive than today’s definition of the immediate family of

mother, father, and children. In Genesis 6, God tells Noah that he and his wife and his sons and their wives are to enter the ark. In Genesis 7, God saved Noah and his household. In Genesis 12, God told Abraham to leave his family of origin; Abraham took his wife, Sara, his nephew Lot, and their slaves and set out for Canaan. In Ruth, the members of a family are further redefined. In Ruth 1:16, Ruth tells Naomi that Naomi is now her family and that she will go wherever Naomi goes.

In the New Testament the family of Mary, Martha, and Lazarus is one that does not reflect the traditional mother, father, and children. Another example of New Testament family could be Mary, Joseph and Jesus (Matt 2:13). In the book of Acts, there is reference of individuals and their households such as, the jailer and his household, Priscilla and Aquila, and Lydia (Acts 16:31, Acts 18:26, Acts 16:14). In the New Testament as well as the Old there appears to be a large spectrum of what a family looks like in its make up of members.

Anderson and Guernesey (2009) write, “It is covenant love that provides the basis for the family. For this reason, family means so much more than consanguinity, where blood ties provide the only basis for belonging. Family is where you are loved unconditionally, and where you can count on that love even when you least deserve it” (p. 40). It is this covenant love that is expression in Ephesians 5 and 6. These passages demonstrate how family members should relate to each other. In Ephesians 5 and 6 an example is given of Christ’s relationship to the church as to how husbands and wives are to relate to each other. In chapter 6, Paul addresses how children are to relate to their parents and parents are to relate to their children. In Ephesians 6:1, Paul states that children should obey and honor their parents. This statement is tied to Ephesians 5: 21

which explains how the family members are to submit to one another out of reverence to Christ. For children submission is reflected in obedience. Likewise, parents are not to provoke their children but are to nurture them and bring them up in the Lord (Eph 6:4).

### **The Concept of Covenant**

As one examines God's purpose for marriage and family, one must consider the concept of covenant. Using God's covenant relationship with his chosen people, Israel, as a model can help in understanding more fully a theology of marriage and family.

Anderson and Guernsey (2009) state that covenant is the “unilateral relations established by God with his people, Israel, through specific actions by which he summoned individuals and finally an entire nation into a history of response” (p. 33). Covenant is a biblical concept that reveals God's relationship with humanity. God establishes his covenant with Noah and with Abraham. Each is a unilateral, binding relationship that is entered into freely. Hugenberger (1994) defines covenant as “an elected, as opposed to natural, relationship of obligation under oath”, “a sanction-sealed commitment to maintain a particular relationship or follow a stipulated course of action,” or “a solemn promise made binding by an oath, which may be a verbal formula or a symbolic oath” (p. 11-12). The idea of covenant is one of unconditional commitment as opposed to a contract. A contract is in its essence conditional; “I will do *x* if you do *y*”. A covenant relationship is one that is not based on conditions of performance.

When God established marriage, there is a sense of covenant between Adam and Eve, not a contract. This sense of covenant is reflected in the passages in Genesis where Adam states that Eve is “bone of my bone” and “flesh of my flesh” (Gen 2:23). The covenantal tone is reflected also in God's statement that “they shall become one flesh”

(Gen 2:24). A contract can be broken if one person does not uphold the bargain; a covenant cannot. If marriage is viewed as a contract, then the contract is dissolvable; the couple operates as if each member has certain rights and obligations assigned to him or her, if these are not fulfilled then the contract is null and void. The marriage remains strong as long as each partner upholds his or her end of the contract. Balswick and Balswick (2006) state, “We agree that a hyper-individualistic focus on personal fulfillment has overridden the essential meaning of covenant commitment and relationship values” (p. 18).

The core difference in the concepts of contract and covenant is the idea of commitment. A covenant is a relationship in which the two parties unconditionally commit to the relationship, and in Malachi 2:14, marriage is called a covenant relationship. Worthington (1999) states, “In a covenantal commitment both parties treat each other as one flesh. They promise to love self-sacrificially placing the other’s welfare at least equal to one’s own welfare” (p. 70). This is in contrast to a contractual commitment which depends on reciprocity or exchange (Worthington, 1999).

Since humanity is fallen and humankind has a sinful nature, it is difficult in marriage and families to give unconditional love to each other. That is why it is important to have a covenantal perspective on marriage and family. Out of the unconditional love of God flows the grace of God in giving his Son for the sins of humankind. In families that have a covenantal perspective of marriage, then marriage is based on the example of covenant given by God. With the perspective of covenant instead of contract in marriage, then the commitment to the marriage remains even if the members do not behave in a manner that is healthy for the marriage. Because of the

grace given to us by God there should flow a commitment to give unconditional love and grace to spouses and family members. Seeing marriage and family as a covenant is essential to having a biblical perspective on marriage.

We read in scripture that all things are created for the glory of God (Isa 43:6-7, Col 1:16), and this includes marriage. Grudem (2002) states that “marriage [is] lived out for the glory of God, not *by* but *for*” (p. 93). Since all of creation is in a fallen state, there is a need for healing of our fallen state. Christ offers this healing through his sacrifice for our sins. Christ redeems us and with His redemption we then can be transformed from our fallen state. Where a person believes in Christ, there can be transformation. A transformed life or marriage is what God desires and intends for people. Question 1 of the Westminster Confession of Faith asks, “What is the chief end of man?” The answer is, “Man’s chief and highest end is to glorify God, and fully to enjoy him forever” (*The Confession*, 1990). This purpose, when it is lived out, affects how a husband and wife relate to each other and their children. When a person is living a life that is glorifying God and in relationship with God, then the other relationships in a person’s life should be reflective of how God desires relationships to function. In Romans 13: 10 and 1 Corinthians 13, God tells us what our relationships should look like; they should be patient, kind, forgiving, bearing all things, and believing all things. For humankind, this type of relationship with others is only possible through being transformed by the grace of God.

### **The Process of Change in Families**

The process of change in a family begins with change in the individuals. Intentional change occurs when an individual becomes aware of the need for change and

then does something about it. The ability to know that change is needed rests in the ability of an individual to be reflective of their current state. If an individual in a family begins to change then the family as a whole is impacted and can begin to change.

When one looks at the process of change in a family, one must take into consideration both the purpose of humanity and marriage and the covenantal aspects of marriage. In a Christian approach to marriage, God should be central to not only the marriage but to all things. In scripture, God states that humankind is to have no other gods before Him (Exod 18:11, Exod 23:13, 2 Kings 17:38). In having no other gods before Him, God is stating that the Christian's focus should be on God. In Deuteronomy 6:5, God says that a Christian is to love Him with all his or her heart, soul, strength, and mind. God is requiring a full commitment of all that a person has and is. It is to God that God desires Christians to be fully committed to Him and to live a life that is committed to Him.

Since the Fall, humankind has been marked by sin (Rom 3:23). It is because of sin that people need the transforming work of Christ in their lives. God desires people to live lives that are committed fully to him but because of people's sinfulness, humankind is not able to live as God desires. God provided a way for people's lives to be transformed and for their hearts to be turned toward him. Because of the grace of God, He sent Christ to die for the sins of humankind so that they would not perish but have everlasting life. Part of this process is for the individual to realize how sinful they are and their need for a Savior. A person reflects on who they are in their sinfulness and then they desire to reach out to God and make a change in their life. The transforming power of the gospel is at

the heart of the message. If humanity's purpose is rooted in God and who God is, then human relationships should have the transforming power of God in them.

One of the attributes of God is that He is a God of covenants. Some of the covenants contained in scripture are God's covenant with Adam, Noah, and Abraham. If a Christian marriage is to be a covenant, then grace should be central in the marriage, since a covenant is bound by an unconditional commitment that is manifest in grace. It is necessary for an individual to have a depth of understanding of the love of God for each person and God's unending grace to demonstrate this grace in marriage. God's design for families and marriages is that each person is to be transformed by God's love and grace and to reflect that transformation in interpersonal relationships and dynamics of the family. The power of the Holy Spirit transforms people and relationships.

Christian counselors participate in the work of the Holy Spirit in clients' lives. Counselors may bring a toolbox of techniques and approaches to help individuals have better understanding and coping skills, but it is only as we participate in God's redeeming work through us that change occurs.

In chapter 3, literature will be reviewed in depth regarding using a systems approach to therapy when working with clients that have undergone a medical crisis such as a stroke. The literature review will focus on the effect of a medical crisis on marriage and family relationships and it will cover research on working with families after such a medical crisis occurs.

## CHAPTER 3

### LITERATURE REVIEW

If one defines a family as a unit of individuals who have roles and a responsibility to care for each other, many situations that families face—health-related, circumstance-related, or relationship-related—can cause stress on the family. The illness or disability of a family member affects the entire family; Atwood and Gallo (2010) found that when a family member struggles with a chronic illness, the family structure can become disrupted. Rolland (1994) states, “Major illnesses, such as a stroke or Alzheimer’s disease, cause the family sufficient stress to require major adaptational shifts in family rules in order to ensure continuity of family life” (p. 67). A family experiences disruption that can range from disruption of daily routines due to appointments to disruption in family structure due to loss of physical or cognitive functioning. Peter Kilborn (1999) reported in an article for the New York Times that these disruptions were found to be caused by changes in a person’s mental, physical, and emotional state. One such health issue that can cause this disruption to arise in families is stroke. When a person suffers from a stroke it can impact the stroke victim’s ability to share the responsibilities around the household, share in family activities, and the victim can withdraw or become moody. These disruptions can cause added stress to a marriage and family. If there is cognitive impairment, that fact can add to the stress on the family. Rolland (1994) states,

Unlike other forms of disability in which the potential for intimacy is preserved, cognitive disability often necessitates a real loss of aspects of intimacy and certain co-

parenting roles that cannot be salvaged, for many people; a major attraction in the choice of a partner involves a fit at an intellectual and emotional level. A balance of cognitive abilities is a critical element in the growth of most healthy relationships (p. 251).

Cognitive impairment can add stress to a marital relationship as well as on the family as a whole. Kilborn (1999) quotes John Edwards, a sociology professor at Virginia Polytechnic Institute and State University, as saying “we find that declines in health have an adverse influence on marital quality” (p. 1). In 1994, the National Institute of Health conducted a study on 50,000 households. Out of these households, the ones with spouses that were disabled were much more likely to be divorced or separated (20.7%), while only 13.1% of the households had been through a divorce without any disability as a factor (Hardy, 2010).

These statistics are significant considering that approximately 800,000 people in the United States have a stroke each year, resulting in 140,000 deaths and leaving 660,000 to deal with the effects of a stroke (American Heart Association, 2009). A stroke occurs when the blood supply to the brain is cut off because of a blood clot or when blood vessels supplying the brain burst, thereby damaging or destroying brain cells. Stroke is a leading cause of severe, long-term disability (National Stroke Association, 2010). Stroke survivors can experience a range of ongoing effects, including weakness or paralysis, problems with speech and language (e.g., aphasia) or balance and coordination issues, difficulty swallowing, and mood swings. After a period of inpatient care and rehabilitation, most stroke survivors return to their own homes, where they are cared for by family members or friends (Anderson, Linto, & Stewart-Wynne, 1995).

There are different types of strokes. The type of stroke is determined by the area of the brain affected; the damage to the brain can affect different people in different ways. Just as the symptoms of a stroke differ with the individual so does the impact or affected parts of the body differ (Senelick & Dougherty, 2001).

The different types of strokes are ischemic, hemorrhagic, and transient ischemic strokes. These different types involve blood flow to the brain and they impact individuals in different ways (Vega, 2008). According to the American Heart Association (2011) Ischemic strokes are caused by a blockage of blood flow due to a clot. Hemorrhagic stroke is caused by a rupture in the blood vessels so that there is bleeding in the brain. Transient ischemic strokes are called “mini” strokes and they are caused by a temporary blocks in the blood flow. These types of strokes can occur in either the right or left hemisphere of the brain. Individuals who suffer a stroke in the right hemisphere of the brain often experience symptoms such as difficulty or impaired movement on the left side of the body, impaired analytical and perceptual tasks such as judging distances, speeds, size, and how parts of things are connected to the whole. They also can experience judgment difficulties pertaining to behavior such as impulse control. Often short term memory loss is associated with right brain stroke (Senelick & Dougherty, 2001). With left hemisphere stroke, victims often experience difficulty in movement on their left side as well as speech and language impairment. They often develop slow and cautious behavior and can require frequent feedback and instruction to complete a task. Short term memory loss is common as well as difficulty learning new tasks and conceptualizing and generalizing ideas (Senelick & Dougherty, 2001). Since most

individuals are a part of a family. The stroke victim, the caregiver and the family must adapt to the limitations on the stroke survivor.

Strokes can range from mild, in which there is minimal to no lasting effect, to severe, in which the person loses the ability to perform many of the activities of daily living (ADL). The family member often has been viewed as being healthy prior to the event. After a stroke, the family's perceptions of the individual may change. The stroke may change the family routine, as well as factors such as financial stability. When a family member suffers a stroke, it is often unexpected. Much of the literature on family therapy and stroke victims have focused on the importance of family support to the recovery of victim from the effects of the stroke ( Evans, Hendricks, Haselkorn, Bishop, & Baldwin, 1992; Glass, Matchar, Belyea, & Feussner, 1993). For stroke victims the research suggests that having a strong family support system lowers the risk of the stroke victim suffering from a second stroke, the length of stay in rehabilitation, and the lasting effects of the stroke on the victim (Evans et al., 1992; Feigenson, McCarthy, Greenberg, & Feigenson, 1977; Glass, et al, 1993; McLeroy, Devellis, Devellis, Kaplan, & Toole, 1984).

The research of Glass, Matchar, Belyea, and Feussner (1993) involved 46 stroke patients 6 months after their stroke. The researchers measured functional status, perceived social support, and stroke severity. Social support was defined as "the sum of the social, emotional and instrumental exchanges with which an individual is involved having the subjective consequence that an individual sees him or herself as an object of continuing value in the eyes of significant others" (p. 65). Social support was assessed using a self-administered questionnaire. This assessment sought to measure the patient's

perception of social support. This study found that the level of perceived social support could significantly predict the change in functional status. Higher levels of social support predicted a more rapid recovery and greater overall improvement in the patient.

Other researchers have shown a similar pattern of relationship between social support and recovery of function among patients with hip fracture, major depression, osteoarthritis, and cancer (Cummin, 1988; George, 1989; Weinberger, Tierney, Booher, & Hiner, 1990; Wortman, 1984). These studies indicate that the family serves an important function and has great influence on the outcome of individuals who have suffered a stroke or other serious illnesses.

Family therapy has been used in treating issues that cause family stress. For example, Minuchin, Rosman, and Baker (1978) investigated the effectiveness of family therapy on anorexia nervosa patients. The researchers used a systems approach to treatment. The underlying assumption was that change occurs when the system is transformed, for each individual in the family affects the others. The researchers found that 86% of the patients recovered from anorexia and its psychosocial components following structural family treatment. Minuchin focused on changing the patterns of behavior in the family. These patterns were changed by the therapist challenging the family member's experience of reality. Minuchin (1978) states, "Family therapy deals with a field that is larger than the individual symptom bearer. The process of change occurs through the activation of alternative modalities of interpersonal transaction in the family which creates the experience of new realities for all family members" (p. 97). These results would indicate that family therapy is a useful approach to treating anorexia nervosa and that a systems approach when working with these patients is effective.

Rolland (1994) developed a family systems model for working with families facing chronic illness. In his Family Systems-Illness Model, Rolland (1994) sees the family as a resource in helping the patient deal with a chronic disorder. Rolland worked with more than 500 families with a broad range of ages and of illnesses. The premise of this model is that a family uses its resources and coping mechanisms to meet the demands of the disorder. In his work, Rolland tried to help families create meaning for the health condition so that the family could have a sense of competency and mastery. This meaning was often created using the concept of story or narrative. Rolland (1994) states, “The story or narrative that family members construct about an illness experience is a synthesis of their attempt to create order out of chaos and fear and their core family themes and beliefs” (p. 156).

### **Effects on Caregivers**

Senelick and Dougherty (2001) state, “A stroke begins change, its consequences can be highly disruptive and fraught with tension, especially when that stroke occurred to the ‘leader of the pack,’ the person who ran the roost” (p. 212). According to Atwood and Gallo (2010), a person suffering from a chronic illness such as stroke often has less contact with friends outside the family because of medical limitations, physical exhaustion, and embarrassment about physical appearance. This situation in turn often limits the contact of the caregiver.

Anderson, Linto, and Stewart-Wynne (1995) studied the factors in patients that were associated with emotional distress in caregivers. The subjects for this study were recruited from a register of patients who had experienced acute cerebrovascular events. The statistics were compiled as part of the Perth Community Stroke Study: 72% had

suffered their first-ever stroke; 86% of the patients had a pathological diagnosis based on computed tomographic scanning, magnetic resonance imaging, or necropsy; 241 patients had suffered a stroke; and 103 patients of the 241 patients were handicapped. A caregiver was defined as “the person most closely involved in maintaining a person’s ability to live independently at home” (p. 844). From this group, 84 patient/caregiver units were assessed. Multidimensional outcome measures were used to assess the physical and cognitive function, psychiatric morbidity, and symptomatic behavior of patients and the effects of caregiving on the lives of the caregivers.

The results of this study were that caregivers reported that approximately half of the patients were miserable, withdrawn, anxious, fearful, and irritable. The caregivers reported that they had suffered emotional ill health (79%) and disruption of social activities (79%) and leisure time (55%) while caring for their loved one. The researchers stated, “35% of caregivers reported adverse effects on family relationships for a variety of reasons including tension, misunderstandings, or feelings of neglect among family members because of the physical and emotional demands of the patients” (Anderson, Linto, & Stweart-Wynne, 1995, p. 851). This study suggests that the burden that arises from a stroke affects the victim as well as the family. The stroke is associated with a high risk of disrupting the integrity of families and the quality of life of caregivers.

Realizing the dependency of stroke victims on their caregivers motivated a group of physicians in Scotland to study effects on caregivers. In this study (Dennis, O’Rourke, Lewis, Sharpe, & Warlow, 1998), patients were part of a randomized trial with broad entry criteria. The study included 417 patients (67% of all referrals) assessed within 30 days of a stroke. Patients were asked to identify a main caregiver, who then was

contacted and asked to complete a questionnaire. Only informal caregivers (spouse, family member, or friend) were included in this study. This study revealed that caregivers of patients who have significantly poor physical and emotional states after the stroke are likely to have poor emotional outcomes themselves. The connection between the patient's state and the caregiver's state reflects the interconnectedness between the family and the stroke victim.

### **Family Support and Outcomes from Health Issues**

One characteristic of a family is that it tries to maintain balance and stability, but balance and stability are upset when a crisis occurs in the family. A stroke is one such crisis a family can face (Senelick & Dougherty, 2001).

### **Approaches to Working with Families**

#### **Education and Counseling**

The stress to caregivers often changes the dynamics of the relationship between family members. It has been reported that it is common for relationships in families to deteriorate after a stroke (Magi & Schifano, 1984). Two approaches to working with families have been used, and the question is what helps families more, counseling or education. Evans, Matlock, Bishop, Stranahan, and Pederson (1988) studied counseling and education interventions. The education intervention consisted of classroom instruction about stroke care principles. The counseling intervention consisted of education, as well as counseling on how to problem solve. In this study, there were 188 stroke patients (63, control; 64, education; and 61, counseling). The control sample differed from the other two groups in that more members of the control sample were single.

This study assessed caregiver knowledge of stroke care, family function, use of social resources, and patient adjustment. The educational intervention consisted of lecture, videotape, and personal instruction on treatment. The counseling intervention consisted of the same 2 hours of education that the educational patients received and seven 1-hour counseling sessions provided by social workers. The intent of the counseling sessions was for caregivers to apply what had been learned in class, to develop coping strategies, and to solve problems that occurred. The patients and caregivers were evaluated six months after the stroke and again one year after the stroke.

The results of this study suggest that both interventions were effective compared with the control group. Gains were maintained after one year, with the counseling group maintaining more gains than the control group and the education-only group. The researchers noted that “effective problem solving may have an impact on family integration by improving the handling of stressful situations and in dealing with the rehabilitation process and by facilitating the lifestyle changes often associated with stroke” (Evans et al., 1988, p. 1247). Overall, this study suggests that education alone is not sufficient to promote good patient adjustment and that counseling focused on increasing coping and effective problem solving results in better family adjustment. The researchers noted that family-oriented intervention is worthwhile and may be necessary to help generalize rehabilitation to a home setting. It is noteworthy that this study suggests a positive correlation with counseling and patient functioning even though 40% of the patients had some cognitive limitations.

Clients who have suffered a stroke often have some cognitive impairment. Segal, Baker, Korber, & Arbiser (2010) state, “After a stroke many capacities can return but

possibly not all. This uncertainty can impact on our work. With the future in doubt, new ways of living with the present may have to be found and counseling may play an important role here” (p. 23). These impairments can present a unique challenge to the counseling situation.

Segal et al. (2010) state that counseling with brain-damaged clients can be of great value to the clients. Clients who have suffered from brain damage often have issues regarding how they see themselves and their relationships, as well as impairment in their ability to think and feel (Segal et al., 2010). These researchers have found that counseling may help the patient as well as the family work through the emotional effects and the significance in their lives of the impairment. For stroke patients and their families, counseling may offer an opportunity to see and understand new ways of living and adapting to the present situation. When working with individuals with cognitive impairments, the therapists found that the focus of counseling sometimes had to shift to accommodate the change in the client’s condition emotionally or physically (Segal et al., 2010). If a client’s physical state declines substantially, the counselor may have to change from helping the client and his or her family with the current situation to helping them process end-of-life issues.

Segal et al. (2010) also found that communication issues often arise with cognitive impairments and changes in emotional and intellectual abilities. These communication issues can lead to isolation for the client. The person with cognitive impairment may become more self-centered, unable to remember or relate to his or her partner, or unable to take a normal part in conversation. The counselor may be able to help the client and

the families grieve what they have lost and make the best of the current situation (Segal et al., 2010).

A person who has had a stroke may find that life undergoes many changes. Counselors may be able to help a stroke victim and the family with not only the situational changes but also the emotional effects of the stroke. One of the areas of emotional change can be the identity and self-concept of the stroke victim. Researchers at the University of Southampton studied the change in a person's perception of their identity following a stroke. Ellis-Hill and Horn (2000) studied 26 first-time stroke survivors who had no severe previous communication, cognitive, or perceptual difficulties or previous physical disability. The comparison group was 26 hospital volunteers matched by age and gender.

Ellis-Hill and Horn found that the stroke victims described themselves as being less capable, less independent, less in control, less satisfied, less interested, less active, and less confident and having less value than prior to their stroke. The stroke victims did not see any change in their personal characteristics, such as friendliness, calmness, how much they cared for others, or how hopeful they were. These clinicians stated:

Applying a life narrative approach, it can be concluded that their sense of coherence with their past had been undermined and that their future had become unpredictable. When individuals cannot create a clear sense of future self, they experience anxiety and become unsure how to act. In this situation, individuals who have had a stroke may settle for a restricted future self, with limited physical and social activity, because this is what they expect of life with a disability (p. 286).

This change in the stroke victim's perception of themselves can cause stress on the family and marriage because this perception can lead the stroke victim to become more withdrawn, dependent, and less hopeful.

Because of the effects on the victim and the family, the following psychotherapy interventions are recommended.

### **Depression and Cognitive Behavioral Therapy**

One of the common disorders found with stroke victims is depression (Lincoln & Flannaghan, 2003; Mast & Vedrody, 2010; Vogel, 1995; Whetstone, Mulsant, Vanderbilt, Dodge, & Ganguli, 2004). Cognitive behavioral therapy is reported to be effective in working with patients suffering from depression (Beck, 1987; Lincoln & Flannaghan, 2003). While a family systems approach does not usually involve individual therapy when working with victims of stroke, the therapist cannot ignore the psychopathology of the individual and must work with the stroke victim and their caregivers if either or both are dealing with depression. The research supports cognitive behavioral therapy being helpful for stroke victims and their caregivers (Lincoln, Flannaghan, Sutcliffe, & Rother, 1997; Tompkin, Schulz, & Rau, 1988)

### **Family Systems-Illness Model**

In a Family Systems-Illness Model (1994), Rolland helps families dealing with chronic illness understand the need to have open communication with each other, to develop healthy boundaries, and to develop an understanding of the need for togetherness and separateness. In Rolland's (1994) view, the physician and therapist can work together to help the individuals through psychoeducation and therapy.

Rolland (1993) states that therapists and couples need to understand that beliefs and multi-generational legacies guide their constructions of meanings about health problems and their relationship to caregiving systems. A person's beliefs about normality, mind-body relationship and control, what causes an illness or what can affect its course, meanings or narratives developed around a health problem are significant as well as cultural/ethnic or gender-related beliefs.

### **Narrative Family Therapy**

One of the models of therapy that has been used in working with families dealing with a health crisis and chronic illness is Narrative family therapy (Atwood & Gallo, 2010; Kallen, 2004; Kurtz & Tandy, 1995; Nichols, 2006). In Narrative family therapy there is an understanding that people tell stories about everything in their life, including illness. Atwood and Gallo (2010) state,

Life is complicated so we find ways to explain it. These explanations, the stories we tell ourselves organize our experience and shape our behavior. The stories that are told to us and that we in turn tell ourselves are powerful because they determine what we notice and remember, and therefore how we face the future (p. 8).

By using Narrative family therapy, the therapist can determine how a family is defining and processing its current situation and then help members to redefine the illness and its meaning to the family if needed. The family can discover alternative stories to its history and find novel options and strategies for handling its current situation (Atwood & Gallo, 2010).

When a therapist uses Narrative family therapy, there are three stages to the therapy. First is the problem narrative stage, which involves recasting the problem as an

affliction by focusing on its effects rather than its causes. This is called externalizing the problem. Second is finding exceptions, which consist of past triumphs over the problem. Finally is recruitment of support. Encouraging celebrations of public rituals reinforce new and preferred interpretations and move cognitive construction into socially-supported action (Nichols & Schwartz, 2006).

When a therapist works with individuals who have suffered a health crisis such as a stroke, it is important to realize how the issue affects the entire family. Working within the context of a family systems approach will enable the therapist to use the resources within the family to help its members process the effect of the illness on the present as well as the future.

Overall there seems to be a strong focus in the research on the caregiver of the stroke victim and how it is important to support the caregiver for the benefit of the stroke victim's recovery (Cummin, 1988; Evans et al., 1992; Feigenson et al., 1977; Glass et al., 1993; Wortman, 1984). There is also of research on how to enhance the care and support for the stroke victim (Atwood & Gallo, 2010; Dennis et al., 1998; Evans et al., 1988; McLeroy et al., 1984). There is a lack of research on how the family functions and the impact on the family system. There is little research on the impact of stroke on the children in the family and how the family adapts to accommodate the new dynamics in the relationships of the family.

Chapter 4 will illustrate the issues that one family faced and the therapeutic approaches that their counselor used.

## **CHAPTER 4**

### **CASE STUDY: THE SMITH'S**

Chris and Joan Smith (pseudonyms) are a Caucasian married couple; Joan is four years older than Chris. Their ages are 57 and 61 respectively. They have been married for 29 years. Joan was married once before. They have twin boys age 25. Joan and Chris live in a suburban neighborhood and are members of a large Evangelical church. Chris has been out of work for the last 13 years. Joan has been employed most of their married life as a computer programmer.

Chris and Joan agreed to participate in this therapy in order for this author to meet the requirements for the doctorate of ministry program. Joan and the counselor worked together in individual therapy for one year. Chris and Joan worked together in couple's therapy for the second year. The couples' sons met with the therapist so that the therapist could gain a greater understanding of the family dynamics. There was no family therapy work done. A genogram of Chris and Joan is located in Appendix A.

In the individual meetings, Joan expressed that she does not get much enjoyment out of life. Joan felt that she has had no voice and has not known what she really liked or wanted. Joan was at a stage in life where she was becoming reflective of the life she had led and wondering about what the future holds. Joan expressed she was "tired and angry at having to provide for the family". Chris and Joan present as a couple that have been "unhappy in their marriage for a long time". Both Chris and Joan reported having difficulty in communicating with each other. Chris expressed concern over their sexual relationship. Joan expressed concern that Chris was not interested in or willing to take responsibility for his health. Chris is diabetic and stated that his diabetes prevented him

from working for the last 13 years. In 2009 after the work for this case study began, Chris suffered a stroke. The stroke has left him with some impairment in his coordination and mental processing. According to Chris's neurologist now that he has suffered a stroke, it is doubtful that he will ever be able to work.

### **Personal History-Joan**

Joan was born and grew up in the Midwest. She is the second of five children. She states that she and her siblings are not close. All of her siblings are in professional fields of work except her oldest sister who is a homemaker. John, her youngest brother is a naval officer. James, next to the youngest, is a lawyer. Sue is a marketing executive. All are married with children except for Sue, who is gay and married to a woman. She and her partner live in Germany. Joan's father was born and raised in the Midwest; her mother was from the West Coast. Her parents meet during World War II when they were both living in Oregon. When Joan was five years old, the family moved to Alaska. In Alaska, they lived on a homestead in the middle of the woods. (The homestead was on land her folks were given to live on in Alaska.) Their home was a trailer with a built on lean to. Her father dug the well and septic tank. Joan describes that time as a great adventure. They moved back to the Midwest because her parents did not like the remoteness and being so far from their families. Joan's father was an electrician. He had started college after high school but dropped out to enlist in the military. She describes her father as very bright; he went back to school and became a master electrician. Joan's father was an elder in the Presbyterian Church. The church community was a very important part of their lives growing up. Joan describes her mother as very resourceful. Her mother dropped out of college and worked in the school cafeteria. Her mother also

worked as a seamstress making clothes and recovering furniture. Joan states that her parents' marriage was filled with a lot of conflict. She would always try to get in the middle and make things better. She was the peacekeeper in the family, always trying to "fix things". Joan's mother was the disciplinarian of the family. Joan expresses that "no one ever wanted to cross her mother". She describes her father as quiet and loving. Joan's father had "anger issues" but his anger was usually expressed toward his sons. Joan states that dinner time growing up was "wacky fun". They always had a "really good time" but did not have deep intellectual discussions.

Joan states that her childhood was fairly "normal". She attended public schools. Her high school graduating class had 120 students in it. She describes herself as shy, in her younger years. She did not date very much in high school. She states, "Growing up I felt I could do anything with my life that I wanted. I did not feel there were any barriers on me". However, Joan said she did not have any "voice" about things. When asked if she remembered a time when her voice was taken away, Joan remembers a time when she was young and she used the word "shit". Her mother whirled around and slapped her and told her to never use that word again. She remembers going to her room crying, hurt, and scared. Since this time Joan has been uncomfortable being around others who used swear words and she never uses them herself.

When deciding on a college, Joan felt she wanted to go to a college far from home. Joan did that for her first three years. During her last year of college, she transferred to a college closer to home. Her parents were neutral about her attending college.

Joan has been married twice. Her first marriage lasted 10 years. Joan met her first husband, Bill, her senior year of college. He was two years younger than Joan. She stayed at the same college after receiving her undergraduate degree in German and attended graduate school. They married after they both finished their degrees. Joan states there were two things she always wanted to do: be a Presbyterian minister and be a chemist. She very much liked chemistry, but was discouraged from pursuing that goal because she was a woman. The branch of the Presbyterian Church to which they belonged did not allow women to be ordained. Bill encouraged her to take computer classes. When she graduated she worked for a utility company and her boss encouraged her to continue her education in the computer field. Joan and Bill, who was a nuclear engineer, moved to the Northeast for his job. Joan got a job working for one of the top computer companies. Joan states, when they first moved to Washington, DC, "they were reasonably happy". Bill was a good money manager. They had a nice house, cars, and a summer cottage. As the marriage progressed, Joan found out that Bill was involved in pornography and had several affairs with other women. This eventually led to the breakup of their 10 year marriage. Joan had felt trapped in the marriage because of not being able to express how she felt.

Joan met Chris at her job while she was married to Bill. What she remembers most about Chris was how much he loved his job and how much she liked working with him. She looked on him as a younger brother. She and Chris began having lunch together. She separated from Bill and began dating Chris. She states that she felt as if "I had been given a new life". Chris was a man who, she thought, only wanted her for who she was. Her deep longing to be "cherished by my husband was going to be met". Joan

began to feel pulled toward a renewed relationship with God. She and Chris began to study scripture together and both desired to know God better. Chris began to get bored with his job and was offered a job with his company in Belgium. Chris decided to accept the job and moved to Belgium. Several months later, Joan joined him there. After the divorce from Bill was final they were married in Belgium. Joan did not work while they were in Belgium. Right after they were married, Chris wanted them to try to have children. Joan did not want children right away; she remembers going to the cathedral and crying because she felt she couldn't tell Chris that she was not ready to have children. When Joan and Bill returned from Belgium they took jobs in a city in the Northeast. Joan was feeling stressed and depressed because Chris was still pressuring her to have a child. They found an Evangelical church and began attending together. When Joan became pregnant Chris was very excited at first but soon began to show signs of anxiety and stress over the responsibility of having a family. Soon Chris stopped attending church; Joan attributed his falling away from the church due to the stress and burden he was feeling about having children. Joan states that she now realizes that Chris has always had a problem with unemployment. She says, "Chris was always getting bored with his jobs or would quit because he feared he was going to be fired". Chris was in and out of work while Joan was pregnant. Once the twins came, Joan stopped working. Chris got a steady job working as a computer programmer. Joan states that she always felt stressed because she did not know if Chris would continue working or not. Joan returned to work when the twins were seven. When asked what Joan expected out of marriage, she states, "I wanted someone who would not try to make me something I was not. It was important to me that my husband not always be looking at other women".

### **Personal History- Chris**

Chris's father was in the Navy so the family moved a great deal. Most of Chris' formative years were spent living on the West coast. Chris is the fourth of five children. Chris is not close to any of his siblings. He has three older brothers; Scott who is seven years older, Bruce who is six years older, Peter who is four years older, and Chris's younger sister is five years younger. Chris states that Bruce and Peter were very athletic growing up. Chris remembers feeling close to Scott they were alike in that both were studious and serious. Chris states that they formed an early alliance with each other. Scott played the role of protector for Chris and when he was being teased Scott would stand up for him. Chris says he was always being teased for being "nerdy" and "uncoordinated". All of Chris' siblings live out west, within an hour drive of his mother. Chris' father died in 2009 in a nursing home. Chris states, "I always felt closer to my mother than my father". He remembers waking up one night and hearing his mother crying. He believes it was because his parents had fought. He remembers wanting to go to her and make it better. He describes himself as a child who always tried to make things right. In looking back, Chris believes the crying was because they had moved from New York to California and his mother was lonely. His dad worked a lot and left his mother home alone with five children. Both of his parents were from the east coast and Chris remembers having it instilled in him that he was from the east coast, not the west coast. He often felt that he didn't understand why it was so important to his parents that the kids not feel at home on the west coast. Most of Chris' childhood was spent on the west coast. He felt the Navy community was strong and supportive. He said the

community was very protected, and that they were sheltered from controversies such as the Vietnam War and all the protests that were taking place.

Chris describes his parents' marriage as very close and considerate of each other. In his younger years there was a lot of fighting and yelling but his parents always made up and showed physical affection toward each other. In their later years, they doted on each other. Chris' dad retired from the Navy. The family stayed on the west coast and his dad went to work at the Navy electronics lab. In his elementary school years, Chris had one very close friend. His friend would go with him and his dad out into the desert where they would shoot off rockets. Chris has continued the tradition with his sons.

After graduating from high school, Chris hitchhiked to French Canada to see the total solar eclipse. While there, he met a man that offered him a job working at NASA. Chris declined the offer because he didn't want to be "tied down to a job" and went back home. When he returned home, he got a job working at a land development company in which his father worked at. Chris' boss complained that Chris was not working very hard. His father got into the middle of the situation. Chris quit and hitchhiked to the east coast. He spent a semester in college but did not like it. After dropping out of college, he looked up the man from NASA who had offered him a job previously. He got a job working at Space Center in Maryland.

After three years, Chris quit the job at the space center when he was offered a chance to go to Paris as nanny for an American family. While Chris was in Paris, he wrote two novels. He never tried to get them published and later threw both manuscripts away. Chris' job ended as a nanny after two years, and he found himself unemployed and out of money. He decided to join the military as a way to support himself. As part of

the military testing, he qualified for computer programming and operations training. After training, he was assigned to the defense communication agency. Chris describes this time in his life as being one of the best. Chris enjoyed the work he was doing and being part of a team. He was part of the team that linked all of the NATO command headquarters to the internet. While he was in this position, he traveled extensively. When Chris' enlistment time was up, he left the military and began working in the private sector. He and Joan met at his first job. After a couple of years of being with the company, Chris was offered a job in Belgium. When asked what attracted him to Joan he states, "Her doe eyes and her pleasant smile". Chris says he is still in love with her. After he and Joan married in Belgium, they settled where they currently live. Chris' employment was sporadic prior to the birth of their twin boys, and he was hospitalized after the twins were born for stress and diabetes. When asked about the sporadic employment, Chris states it was because of his "health issues". The couple states that they found it hard to prioritize spending time with each other after the twins were born. Chris quit work 13 years ago because he believed he was going to be fired. He states that he didn't intend to not work anymore, it "just happened". Joan states, "Chris has not taken good care of himself physically for the last 13 years". She reported that he has not exercised nor been careful with his diet. He began smoking a pipe 10 years ago. Chris was diagnosed with depression several years ago and has taken antidepressants for the last five years. For the last 13 years, Chris has occupied his time tinkering with computers in the garage. He developed a daily routine in which he would wake up late, go to McDonalds, have breakfast and read the paper. Later in the day, he would drive to the coffee shop and hang out there. Chris said he did not help around the house with

chores. He says he never thought about it and besides he “wasn’t very good at those things”. When asked what he had expected of marriage, Chris responded, “exactly what Joan has been since his stroke, someone who cares for me”. He states, “I wanted calm in my life from my partner and Joan has provided that”.

### **Life after the stroke**

Chris had a stroke in 2009, which resulted in temporary paralysis on his right side. He has regained his ability to walk, but his balance and coordination are somewhat impaired. He has regained most of his lost speech, but if he engages in conversation for more than 30 minutes he tires and his speech becomes slurred. Most fine motor activities such as writing are difficult for him. Chris does not believe that he will regain all of his abilities that he lost with the stroke. His long and short term memories seem to have been impaired by the stroke. Chris’ depression has worsened since the stroke. He expresses a lack of joy in his life. How Chris defines and sees himself has also changed since the stroke; he feels very much defined as being a stroke victim. He is not able to reflect on past and present behaviors. Since the stroke, Chris cannot put into words why he stopped working 13 years ago. He defends his inability to care for himself or to work. He believes that Joan must be his caretaker and nurse. He has regained his ability to drive so Joan no longer has to drive him to his doctor appointments. While he expresses disappointment in this, she expresses relief. When asked about his goals for the future, Chris responds he is “okay” with the status quo; he just wants to stay alive. Chris says since his stroke he is not concerned about not having control of things.

For Joan, Chris’ stroke has felt like an added burden but she states that it would actually have been harder if Chris had been working when he had the stroke. Since he

had been out of work for so long, it did not impact them financially. Her employer has been very supportive and gracious to her, allowing her to work from home when needed. She expresses a paradox in that she feels some relief that since the stroke Chris has a reason not to work, but also resentment that he does not try to work hard to regain all of his abilities. Joan would like for Chris to be able to help out more around the house and for them to be able to travel.

Both Chris and Joan state that in some ways their marriage has gotten stronger since the stroke. They spend more time together and appreciate the time they have together. Joan takes care of Chris and has made it her mission to learn all she can about strokes. Chris states that he appreciates what Joan does more than he ever did before.

### **Meeting with the Sons**

Both sons express that they did not ever think it odd that their dad did not work for the last 13 years. They never heard their parents fight or argue about his unemployment. The boys have strong but separate alliances with their parents.

Daniel is very close to and supportive of his mother. He expresses anger and resentment toward his dad. He believes like his mother that his father does not try hard enough to get better. Daniel graduated from college with a degree in media production. His first year out of college, he toured with a Christian missions group managing their production needs. He currently is working at a church and attending seminary. He is engaged to a girl he began dating in college.

Michael is very close to his father. He feels that everyone is too hard on his dad and that his dad cannot work because of his health issues. Michael expresses that his mother has always undermined his dad. Michael majored in foreign studies in college

and works for the government. He travels a great deal for his job. He attends a very conservative Christian church and believes strongly in the Biblical model of the Federal headship of the husband. He desires to marry but is not currently dating.

### **Assessment**

#### **Developmental Issues**

Neither Chris nor Joan reported any developmental issues in their lives. They both report normal physical, emotional, and academic development. Chris did report that he was considered gifted and talented academically particularly in the math and sciences.

#### **Social Issues**

Joan reports being very shy in school. She had very few friends. She did not date until college. She states that she never felt particularly alone or isolated socially. Joan was always the “good kid” and did what was expected of her.

Chris states that he believes he has always suffered from Attention Deficit Hyperactivity Disorder (ADHD), and has had a hard time focusing on life. Chris’ employment instability may be consistent with someone suffering with ADHD. He had one close friend in school. He dated one girl in high school. He has not gotten along with any of the bosses he has ever had. Chris states that they “don’t like him” because they know he can do things better than they can. Chris describes himself as “an independent lone ranger”.

#### **Educational history**

Joan received her bachelor’s degree in German and her master’s degree in business. She took several computer classes while doing her Master’s work. She

continued to take advantage of computer training when it was offered by her employers. Joan showed great aptitude in the field of computer programming.

Chris has his high school diploma. He was an average student in high school but not very "focused". He has taken one semester of college work. He trained while in the military in computer programming. He showed great aptitude in the field of computer programming.

### **Medical Condition**

Chris has suffered an ischemic stroke affecting the left side of his brain. He has recovered his ability to walk, speak, and write but with mild to moderate impairment. His gait is slightly unstable. When speaking, he can sometimes slur his words and his writing is not totally legible. His ability to process thoughts and express meaning has been impaired. He is diabetic and takes insulin to control his blood sugar levels. Chris is slightly overweight.

Joan reports no medical conditions.

### **Psychiatric Condition**

#### ***Previous Diagnosis:***

Chris has been diagnosed with depression and takes antidepressants. Chris reports no previous psychiatric hospitalizations. Joan reports no previous diagnosis, treatments, or psychiatric hospitalizations. Joan reports symptoms consistent with depression.

#### ***Mental Status:***

Appearance and behavior-Joan

Joan presents herself as well dressed, groomed and poised. She appears

professionally dressed. She is prompt for her appointments. Joan's behavior is lethargic supporting the possibility that she is depressed.

Cognitive functioning-Joan:

*Thinking:* Joan's thinking is usually well-ordered but shows signs of stress and being overwhelmed. She can sometimes have difficulty figuring out how to manage all the demands on her time. She can appear anxious at times.

*Reasoning:* Joan's reasoning appears within normal limits.

*Perceptions:* Joan does not report experiencing any hallucinations, delusions, depersonalization or derealization.

*Judgment:* Joan does not report any issues with judgment.

*Memory:* Joan reports no memory impairment.

*Learning capacity:* Joan reports ability to learn from experience

*Affective:*

*Affect:* Joan expresses an appropriate range of emotions, with more expression of anger, sadness, and fear.

*Mood:* Joan appears to be depressed. She expresses being tired, not sleeping well, and feeling a lack of joy in her life

*Orientation:* Joan is oriented X 3.

*Suicidal or homicidal ideation:* Joan denies suicidal or homicidal ideation.

Appearance and behavior-Chris

Chris presents himself as somewhat disshveled. His dress is often ill fitting and mismatched. He is often late and forgetful of appointments.

Cognitive functioning-Chris:

*Thinking:* Chris' thinking shows signs of impairment. He can become very confused and lose his train of thought easily.

*Reasoning:* Since his stroke, Chris shows signs of impairment in being able to use reason and logic when problem solving.

*Perceptions:* Chris does not report experiencing any hallucinations, delusions, depersonalization or derealization.

*Judgment:* Chris does report issues with judgment in the area of knowing and understanding limitations on himself and others, such as following directions and his demands on other people's time.

*Memory:* Chris reports memory loss particularly short term memory with some impairment in long term memory as well.

*Learning capacity:* Chris reports difficulty in learning from previous experience since his stroke.

*Affective:*

*Affect:* Chris expresses an appropriate range of emotion with more expression of anger, sadness, and fear.

*Mood:* Chris appears to be depressed. His mood is flat and he reports finding little joy in life.

*Orientation:* Chris is oriented X 3.

*Suicidal or homicidal ideation:* Chris reports no suicidal or homicidal ideation.

### **Assessment Tools Used:**

*Mayo Clinic Depression Self-Test-* was given to both Joan and Chris. They both scored in the moderate range for depression. Neither expressed any indication of suicidal ideation or thoughts.

*Sacks Sentence Completion Test-* Joan was also given the Sacks Sentence Completion Test. The Sacks assessment did not show any areas of concern. The results were suggestive of a close relationship with her family of origin. The results also suggest Joan's desire to run away from issues or problems that seem too large to solve. Joan showed discomfort discussing and talking about issues specifically around sex.

*Prepare and Enrich Assessment-* Joan and Chris each also completed the Prepare and Enrich Assessment. They were categorized as a Conventional Couple, meaning that they are highly committed to one another but not skilled in communication and conflict resolution. The most important relationship strength was family and friends. The possible growth areas included: conflict resolution, financial management, health issues, partner style and habits, role transitions, sexual relationship, and leisure activities. The results also indicate that Joan has both a tendency to minimize issues and is reluctant to deal directly with issues.

### **Formulation of the Case:**

Joan and Chris are a Caucasian couple who have been married 29 years and are now struggling with Chris' stroke. Joan and Chris' marriage was having difficulty before Chris' stroke. The couple's ability to communicate with each other was very limited. There was limited ability to emotionally connect and understand each other's needs and desires. Joan particularly had difficulty in expressing her needs to Chris. This was

rooted to a large degree in Joan's family of origin where she lost her "voice". Joan's family of origin had caused her to develop codependent relational styles with Chris. The difficulty in communication prior to the stroke caused the couple to struggle even more when the stroke occurred. Chris' ADHD and depression had an impact on his employment as well as their relationship prior to the stroke. Both Chris and Joan had created an idea of what having a stroke meant to their family and how it would impact their lives. Joan expressed she was fearful that Chris' stroke would mean that she would become his caretaker and that he would need assistance with his personal care. Chris expressed thoughts that the stroke meant that he needed to be cared for by Joan and he would not have to take responsibility for managing the family and his employment situation.

When viewing this case through a family systems lens, it is important to understand how the family functions and the impact one member of the family has on the other members. In the Smith's family, the dynamics of the family were changed when Chris stopped working twelve years before his stroke. The family systems had to change to accommodate this change. Joan became the sole supporter of the family. This added responsibility and burden began to cause anger and resentment to enter into the couple's relationship and the family system. From a Structural Family therapy approach, there are alliances that have formed in the family. Chris and Michael; and Joan and Daniel are involved in a dyads. This would suggest the need to strength the couple's subsystem to establish a clear hierarchy in the family. Using a cognitive behavioral approach, there were distorted thinking patterns that needed to be addressed in the family. Joan was using black and white thinking patterns when considering the alternatives for her

marriage. If she spoke up and expressed how she felt then she would be a “bad” wife; good wives were quiet and submissive. Joan also used catastrophic thought patterns when considering what the outcome would be if she tried to change the family dynamics. Joan could only see things becoming worse if she talked with Chris about how she was feeling. As a couple, Joan and Chris’ communication skills needed to be improved so that they could listen to each other and voice their thoughts and opinions. When looking through an emotion focused lens, Joan and Chris needed to learn how to express how they felt in regard to situations and circumstances that were not pleasant. Chris and Joan had a difficult time adjusting to their new situation after the stroke. A solution focused approach would help them build on their resources and strengths to develop solutions to handle the current issues. Psychoeducation would also be needed to help Joan and Chris understand the dynamics of their new circumstances and day to day issues. It was helpful to help them see this narrative or story that they created and how it was distorted from the reality of their lives.

***Diagnostic Impression for Chris:***

Axis I: 309.0      Adjustment Disorder with depressed mood

Axis II: V71.09      No diagnosis on Axis II

Axis III: 436      Stroke (CVD)

250.01      Diabetes mellitus, type II

Axis IV:      Unemployment, Economic issues

Axis V:      GAF 58

***Diagnostic Impression for Joan:***

Axis I: 309.0      Adjustment Disorder with depressed mood

Axis II: V71.09 No diagnosis on Axis II

Axis III: None

Axis IV: Problems with primary support group, Economic issues

Axis V: GAF 70

## CHAPTER 5

### THE SMITH FAMILY – INDIVIDUAL AND COUPLES THERAPY

The Smith family agreed to be a part of this student's program requirement that entailed individual therapy with Joan first for ten sessions and then couples therapy for eight sessions plus one session with the sons. This chapter will describe the clinical assessment, plan of care, and actual therapeutic intervention for Joan and Chris Smith.

#### **Client Presentation- Joan**

In the initial meeting, Joan presented as well groomed; she reported feeling depressed. Her affect seemed slightly flat. Joan appeared cooperative and relaxed and calm in the session. The conversation flowed naturally and easy. Joan appeared fully oriented and showed no signs of acute trauma or shock.

The assessments that were given Joan were a clinical interview that addressed the psychosocial history, a family history and a depression check list.

Identified strengths include:

- Accepts guidance/feedback
- Expressive, articulate
- Insightful
- Intelligent
- Stable work history

Perceived weaknesses include:

- Indecisive
- Non supportive family
- Dependent

Based on the information Joan provided and on the assessments given the following treatment plan was devised:

**Treatment Technique:** Individual Psychotherapy

**Treatment Approach:** Cognitive-Behavioral, Cognitive Restructuring, Insight Oriented.

**Presenting Problems:**

**Primary-** Family dynamics with issues of triangulation and with individual issues of dependency and codependency

**Secondary-** Childhood traumas, Intimate relationship conflicts

**Treatment Plan:**

**Primary Problem:** Dependency/ Co-dependency

- History of intimate relationships with little if any space between ending of one and start of another
- Strong feelings of panic, fear, and hopelessness when faced with being alone
- Feeling easily hurt by criticism and preoccupied with pleasing others
- Inability to make decisions or initiate actions without excessive reassurance from others
- Frequent preoccupation with fears of being abandoned
- All feelings of self worth, happiness, and fulfillment derived from relationships

**Goals:**

- Develop confidence in meeting own needs and capability of being alone

- Achieve healthy balance between independence and dependence
- Establish firm individual self-boundaries and self-worth
- Resolve past childhood issues that lead to inability to express needs and wants, issues around expression of emotions, and feelings of self-worth and value

*Objectives/Interventions:*

- Describe style and pattern of emotional dependence in relationship
- Verbalize insight into the automatic practice of striving to meet other people's expectations
- List positive aspects or characteristics about self
- Increase saying "no" to others' requests
- Explore history of emotional dependence extending from unmet childhood needs to current relationships.

**Secondary Problem:** Childhood traumas, Intimate relationship conflicts

- Reports of emotionally repressive parents who were rigid, perfectionist, threatening, demeaning, hypercritical, and or overly religious
- Irrational fears, suppressed rage, low self esteem, depression, anxious insecurity related to painful early life experiences
- Lack of communication with partner
- Angry projection of responsibility of conflict onto partner

*Goals:*

- Develop an awareness of how childhood issues have affected and continue to affect one's family life
- Resolve past childhood/family issues, leading to less anger, depression, greater self- esteem, security, and confidence.
- Develop necessary skills for effective open communication, mutually satisfying, sexual intimacy and enjoyable time for companionship within relationship
- Increase awareness of own role in relationship conflict.

*Objectives/Interventions:*

- Describe what it was like to grow up in the home environment.
- Identify how own parenting has been influenced by childhood experiences
- Decrease statements of being a victim while increasing statements that reflect personal empowerment.
- Understand and develop boundaries in relationships.
- Identify the positive aspects of present relationship
- Express thoughts and feelings in direct, nonaggressive manner

**Counseling Sessions (Individual)**

While Joan showed signs of mild depression, her depression appeared to be rooted in her response to her circumstances, specifically her husband's lack of employment and her sense of wanting to please others. Joan's response was one of being a victim to her

circumstances. Joan was very concerned about doing things right but, while driven by that need; she was feeling burdened and angry about her situation.

### **Understanding Childhood Trauma**

A person's family of origin impacts how they process and relate to others. In Joan's case in her family of origin she had internalized experiencing a lack of voice. This sense of lack of voice carried into how she related to Chris. There was an educational piece on codependency in the beginning of treatment. Joan began to understand the symptoms of codependency and began to identify them in her life. In the beginning sessions, Joan worked on understanding her issues that evolved out of her family of origin, specifically her lack of self-worth and value. Joan had grown up being a people pleaser. Her statement of not "truly knowing who she was" was taken as an indication of her codependence. Joan had grown up allowing others to tell her who she was and what she liked and disliked. Joan began to see how this pattern developed starting very early in her family and continuing into college with others telling her what acceptable careers were for women instead of her following her passion. In working to help Joan discover who she was, Joan was given tasks she was to complete that involved helping to uncover what type of things she enjoyed doing. Joan also began to see herself realistically identifying her strengths and weaknesses.

### **Boundaries**

Individuals that have issues around codependency also often have issues around boundaries (Mellody & Freundlich, 2003). Without boundaries, a person is not able to know when information that is being given to them is valid or not. They often allow all comments and opinions of others to impact them and their sense of value and self-worth;

they cannot filter out what is constructive and applicable and what is not. Joan did not have intact boundaries. In her inability to say “no” to others, she allowed others to shape her schedule and responsibilities. In working on codependency, Joan had to work on her ability to set boundaries for herself and to be able to filter out others’ comments about her that were not valid or helpful. She began to be able to see what her responsibility was and what the other person’s was. Joan began to set boundaries around what was her responsibility with Chris and what was his responsibility.

### **Finding Her Voice**

In wanting to always make others happy, Joan had not learned how to express her own needs and seek to have them met. Joan began to understand her patterns of relating and how she had developed them. We addressed Joan’s distorted thinking patterns. Joan was able to express her worst case scenario in her fear of expressing what she desired. Joan expressed fear that the other person would not like her and would leave her. Once Joan was able to understand how she was thinking, she began to change her constructs of “what ifs”. We began to work on Joan finding her voice and being able to express her wants and needs. In the beginning, much of this work centered on Joan expressing her needs with individuals that felt safe such as with her close friends and with her children. Gradually, Joan worked up to being comfortable voicing her wants and desires at her work and to her husband. She began to be able to express to Chris her unhappiness with his unemployment and her longing for them to travel together. Joan began to see her black and white thinking that she had developed around the issue of Chris’ unemployment and how things could not change. Joan had developed a mindset that

things were never going to get better. She began to give voice to her fear that she would be caring for Chris for the rest of her life.

### **God and Grace**

There is healthy guilt and unhealthy shame (Harper & Hoopes, 1990). When a person has healthy guilt that person is sorry for behaviors that they have done. This type of guilt often leads the person to make amends to someone they have harmed. Unhealthy shame is shame that attacks a person's sense of who they are. They label themselves as bad or unworthy. Joan carried unhealthy shame from her first marriage and the issues her first husband had with sexual addiction. Joan was uncomfortable talking about this and began to realize that she could not forgive herself and felt unloved and unlovable. For Joan, this feeling of shame was a barrier in her relationship with God. She could not see or feel God's unconditional love and grace toward her. As Joan was able to express her feelings of shame and understand from where they were originating she was able to accept God's love and understanding toward her. She began to struggle less with where God was in the midst of her day to day life and turn toward God for support and guidance.

### **Conclusion and Summary (Individual)**

After 10 sessions once every two weeks for individual counseling, Joan showed marked improvement in her understanding of her relational patterns of the past. Joan was beginning to be able to speak to Chris about her needs and desires for their relationship. Joan had gained insight in how her family of origin had impacted her and how that impact had led her to become an adult with a strong people pleasing tendency. Joan

began to forgive herself for her behaviors in her failed first marriage and began to see herself as a person of worth.

At the end of the sessions, we discussed transitioning into marriage counseling with her and Chris to help them with their communication. Joan felt that they could use help understanding each other and setting expectations for their marriage. There was a two month gap in therapy between the individual counseling and the marriage counseling that was to begin. During the two month gap, Chris had a stroke. His health condition delayed the start of therapy by six months. After the six month delay, Chris and Joan both expressed that they needed marriage counseling more than ever because they were not handling their new life after the stroke very well.

### **Marital Counseling**

#### **Session 1:**

In the first session, there was discussion about Chris' stroke and how that might impact his ability to participate in the marital counseling. We discussed expectations that each of them had for the counseling sessions. We set up for them to take the Prepare and Enrich assessment to have a clearer understanding of where they were struggling in their marriage. We began therapy with Chris and Joan taking the Prepare and Enrich Assessment. This provided an objective evaluation of the areas in which the marriage was struggling. The assessment was not able to be completed exactly as it is designed because Chris did not have the muscle coordination to complete the assessment without assistance. Joan helped him complete the assessment which could have impacted how he responded.

The areas in which Chris and Joan expressed concern centered on conflict resolution and communication. In observing them interact, they seemed to hesitate talking about how life was different from before the stroke and what life might look like going forward. It appeared that they would benefit being able to talk and discuss the impact the stroke had on each of them and on their relationship. We discussed Chris' impaired speech and his fatigue and how these would impact the counseling sessions. We agreed to be flexible with the length of the sessions depending on Chris' strength that day. Chris and Joan meet for eight weeks of marriage counseling. The sessions were held weekly. At the beginning of the therapy, Chris would tire easily so the sessions would be for 45 minutes rather than an hour. As the weeks passed, Chris' stamina increased and he was able to sit for the entire hour.

A treatment plan was developed.

**Treatment Technique:** Couples Therapy

**Treatment Approach:** Cognitive Behavioral, Solution Focused, Emotion Focused.

**Presenting Problems:**

**Primary:** Partner relational problems, communication problems, conflict resolution

**Secondary:** Life changing event- stroke

**Treatment Plan:**

**Primary Problem:** Partner relational problems, communication

- Difficulty resolving problems
- Frequent misunderstandings during discussions
- Lack of comfort expressing self
- Consistent failure to verbally acknowledge positive actions of partner

*Goals:*

- Partners communicate about feelings
- Partners discuss and resolve problems constructively
- Each partner listens to and respects the others perspective
- Each partner notices and verbalizes appreciation to the other for acts of kindness, thoughtfulness, and caring

*Objectives/Interventions:*

- Practice sharing thoughts and feelings in a manner that promotes intimacy
- Practice listening in a manner that promotes empathy and respect
- Practice defining problems in a non- blaming way

***Secondary problem:*** Life changing event-stroke

- Relational distress caused by a deterioration in health or debilitating injury and resultant significant changes in lifestyle distress including the expectation of long-range unemployment

*Goals:*

- Accept and adapt to the required transition
- Recognize personal relationship benefits and drawbacks life changing event will produce
- Strengthen the relationship by accepting and supporting each other
- Practice accepting and rejecting request from others

*Objectives/Interventions:*

- Describe life changing event and its impact on each partner and the

relationship

- Verbalize acceptance of the fact that change is inevitable in life
- List ways of coping with change that have been positive
- Describe anxiety and stress that life changing event has produced and explain how they have negatively affected relationship

### **Session 2:**

We began the session with Chris and Joan telling about how they met and their memories of their courtship. Chris had some trouble in doing this due to his memory impairment from the stroke. In observing their interactions together it appeared as if Joan particularly was uncomfortable with expressing any negative emotions with Chris present. Joan discussed their past history of conflict resolution. In the past, Chris's pattern of response was to get upset and not speak to Joan. Five years ago, Chris went to voluntarily anger management classes. These classes helped him to recognize situations that made him angry, the people that made him angry, and how to use techniques to avoid having angry outbursts. Joan's approach to conflict had been to avoid it all cost. Since Joan had a tendency to try to make others happy and to be a people pleaser, she had a lot of repressed anger. Chris and Joan were encouraged to look at old photo albums and discuss the events in the pictures. At the end of the session, Chris and Joan agreed to take the Prepare and Enrich Assessment.

### **Session 3:**

We began this session with a discussion of the Prepare and Enrich results for Chris and Joan. We discussed how the results could have been influenced by Joan helping Chris complete the assessment. Chris and Joan were categorized as a

“conventional couple”. A conventional couple is one that is highly committed to one another but not skilled in communication and conflict resolution. The assessment gave us opportunity to discuss the specifics on how the two of them had been dealing with conflict in their marriage. The speaker/listener technique (Stanley, 1998) was introduced to them and practiced on some non-sensitive issues.

#### **Session 4:**

We reviewed the speaker/listener technique and it was utilized to help them communicate with each other. Much of their discussions centered on their feelings since the stroke and the fears for the future that they had. Each began to express their feelings about their new life. Joan began to be able to express her feelings of grief over the life they could have had. Chris was not able to fully understand where Joan was coming from and was much more focused on not wanting to push himself too much for fear that he could die next time. He was very satisfied with the status quo and not feeling pushed to constantly continue to improve. Both expressed concern over the other’s feelings and wanting to protect the other from feeling sad, anxious, or hurt.

While not the major focus of the therapy a Narrative Therapy approach to therapy began to be utilized during this session due to Chris and Joan beginning to express their understanding and belief of what the stroke meant to their relationship and their life circumstances.

The session was cut short due to Chris feeling fatigued. We discussed that the next session they should bring in a specific issue that they struggling with for us to use in session.

### **Session 5:**

Chris and Joan brought to session a situation with which they were struggling. One of the issues with which they struggled was with Chris not being comfortable driving himself to physical therapy even though he had been approved to drive by his doctor. Joan was able to express to Chris her need for him to have more freedom and responsibility so that she could return to work. Chris expressed concern about driving the vehicle that was available to drive and how he would have panic/anxiety attacks because it was hard to drive. They discussed what the options were for purchasing another vehicle for Chris to drive. In a later session, Chris and Joan discussed how difficult it was to find a car since Chris was not comfortable going to the car dealership and test driving the cars. Joan was able to express to Chris her concern and frustration at trying to pick out a car he would be comfortable driving. Chris was able to express how overwhelming the car dealership feels to him and how exhausted he becomes. Chris and Joan were able to come to a compromise where Joan and their son would go to the dealership and find a car, they would then test drive the car to the house for Chris to have a chance to drive it. During this session, Joan became visibly upset, she was irritable and her voice was shaking. She was unable to express how she was feeling in front of Chris. Joan expressed that she did not want to upset Chris.

### **Session 6:**

We began this session discussing feelings and emotions. Joan expressed that in the last session she had been upset because she had felt that Chris did not want to help himself and wanted her to care for him forever. We began to work with Joan becoming more in tune with her emotions and being able to express her emotions when she was

upset or angry. Joan stated that she was upset before the session had begun today because of a request Chris made prior to the session. The session began by Joan being able to walk through an explanation of why she was angry at Chris' request. Chris was able to explain why he had made the request when he did. They both were able to come to an understanding of the other's position and not make assumptions about the other's motives. Each attempted to express their feelings over the subject and listen to the other's feelings. They began to be able to express how each of them was feeling and they were able to listen and empathize with the other.

### **Sessions 7 and 8:**

Because of Chris' stroke much of the approach that was utilized had a solution focus. Chris had little recall of emotional responses and reasons for his behavior prior to the stroke. Joan would at times try to discuss past events with Chris and become very frustrated that Chris could not recall the events. Chris and Joan needed help in accepting and understanding what the limitations were in their current situation. They were able to negotiate and work out areas of responsibility for each. Chris was able to see how having the burden of responsibility for their household fully on Joan was causing her to become resentful and burning out. Prior to counseling, Joan was angry and upset over Chris' lack of employment and effort to find work. Joan was working full time and also had full responsibility for the household. Chris and Joan were able to work out which household chores Chris was physically capable of doing. Since one of the areas affected by the stroke was Chris' short term memory, a system of using a reminder sheet on the refrigerator was devised for helping Chris remember his responsibilities. Chris' increased self-sufficiency in having a car and being able to drive himself to his

appointments helped him to have increased self-esteem and confidence. At the end of the sessions, the couple expressed that they felt much closer to each other and more comfortable communicating with each other. They both expressed a greater ability to tell the other what they were feeling and what they needed.

### **Conclusion and Summary (Couples)**

Joan and Chris are a couple who are very committed to each other and to their relationship. They have had ongoing struggles in their marriage with communication and conflict resolution. In counseling with them after Chris' stroke, Joan particularly had to let go and grieve over the loss of dreams for what their marriage could have been. She had desired to have some understanding of what led to Chris' leaving the job force and not returning to help support their family. Joan had to give up her desire to have a spouse that was an equal partner in providing for the family. Joan expressed that in many ways it was easier now than before Chris had his stroke because she now knew what to expect and how things had to be. They both expressed that they were actually closer and more affectionate with each other now than before. They both expressed continued satisfaction with their sex life. Both of them working through listening to each other's feelings and opinions and expressing their own appears to have helped them come to accept and appreciate the life they have together.

### **Summary**

When a counselor begins therapy with an individual or a couple, the therapist develops a formulation of the case and begins to implement the treatment plan that they believe will be most beneficial to the client.

This treatment plan may utilize several different perspectives or approaches depending on the issues that are presented. A counselor should always be aware that life changing events can happen. When an individual or a couple experiences a life changing event such as a stroke, the counselor must revise their treatment plan to accommodate the change that has occurred. At times the original issues may still be present and not addressed because the situation requires focus on more immediate issues.

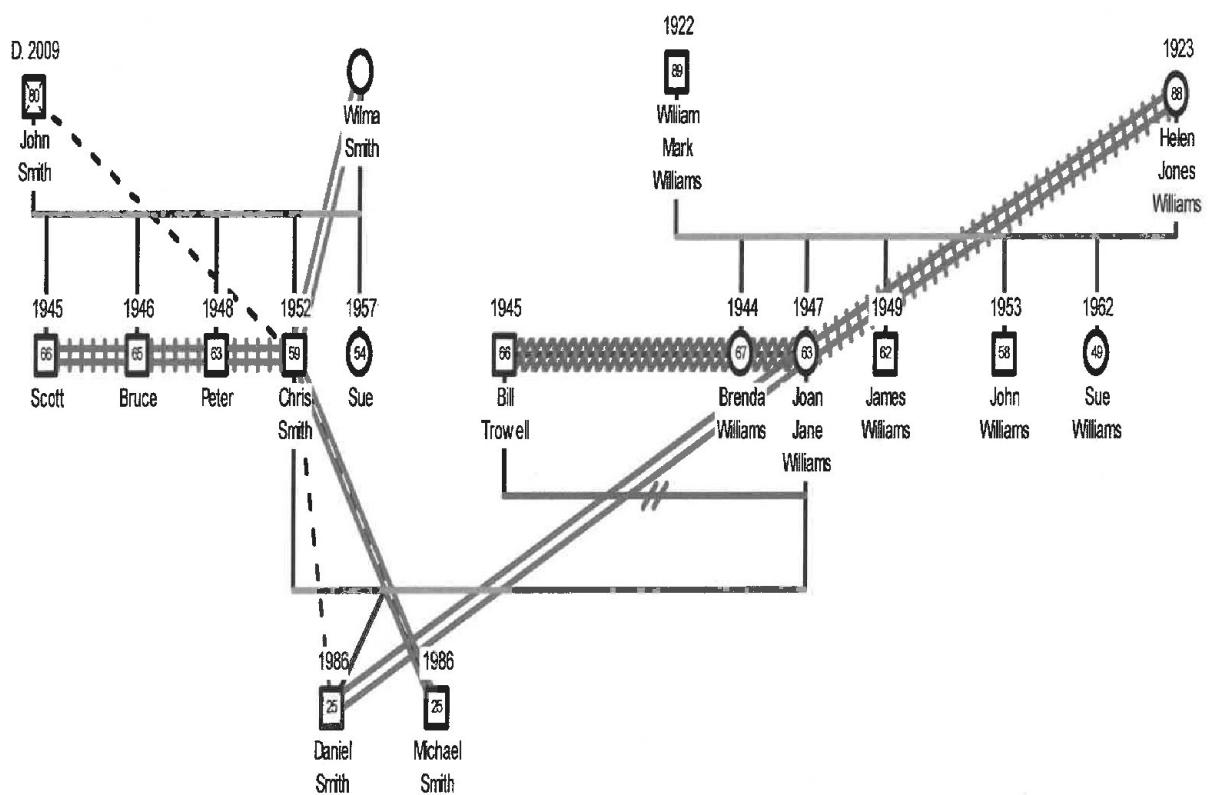
In the case presented in this paper that was the situation. The issues of chronic unemployment, codependency and the impact they had on the family dynamics could not be addressed. The husband's stroke caused life to become about caretaking and managing the demands of the situation.

In sessions, work was done to help Joan and Chris learn how to work together in their new situation and how to communicate their wants and needs to each other. Joan is in a difficult situation since Chris' ability to reason and think through consequences to actions is very limited.

What came out of that change was an unexpected strengthening of the marriage commitment. Joan was not as angry and resentful toward Chris because now he could not help the way things were. He is functioning with severe memory loss and impaired recall of current and past events. Chris is aware that he is dependent on his wife and so his attitude toward Joan became one more of respect and love. Joan has come to accept that she is a caregiver to her husband but she also began to develop and implement good self-care for her needs.

God does not reveal what the future is for anyone. In counseling situations, often the role of the counselor is to help the clients navigate through the journey of life that God has put them on and to help them walk that journey as best they can.

**APPENDIX A**  
**SMITH'S GENOGRAM**



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## VITA

Carolyn Sinclair was born September 13, 1957 in Petersburg, Virginia. She holds Bachelors of Science Degree in Biology from Virginia Polytechnic Institute and State University and a Masters of Arts degree in Children and Family Ministry from Bethel Seminary. Carolyn enrolled in the D. Min of Marriage and Family Counseling at Gordon-Conwell Seminary, July 2008. She expects to receive her D.Min degree May 2012.

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Carolyn is on staff at McLean Presbyterian Church. She has been there since 1989 first as the Children and Family Ministry Director and currently as the Director of Care Ministry. God has given Carolyn a great passion to care for people as they deal with the issues of life. Carolyn is doing her residency hours for licensure at the Center for Relational Recovery in Leesburg, Virginia. She is getting training to become a CSAT, and has attended PIT training with Pia Mellody on codependence.